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The Reflexes as Aids In Diagnosis.

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BY CHARLES GARDINER, M. D., EMPORIA.

(Continued from September number.)

In order that a reflex may be valuable in a diagnostic sense it must be found in nearly all healthy individuals and must present well marked deviations from the normal in disease. Only two of the reflexes mentioned in this paper come within these requirements. The pupillary reflex and the patellar tendon reflex.

The eyes of all normal persons respond to light. The pupil changing in diameter to correspond to the intensity of illumination.

These alterations take place with a certain degree of celerity and under ordinary circumstances the pupils of both eyes are equal in size. Certain drugs interfere with the movements of the pupil and in estimating the value of this reflex, and of all other symptoms, in diagnosis we must eliminate all, those accidental causes which might mislead us. Sometimes there is loss of light reaction, the pupil neither dilating nor contracting under any beam of light. Myosis may be present, caused by opium, calabar bean, cerebral congestion, diseases of cervical region, of spinal cord; as meningitis, myelitis or sclerosis. The myosis may be bilateral or unilateral. Pressure on the sympathetic nerve by tumor, aneurism, etc., will cause unilateral myosis.

Mydriasis may be the result of inflammatory lesions of the brain, or, be caused by a paralysis central or peripheral or due to drug action.

The pupils may be of unequal size and then in the absence of local or other causes as mentioned above, it points to serious organic brain disease. On this point Norris quotes from Fœrster, "that a colleague, while still of sound mind observed the inequality of his own pupils, and said he thought of taking quarters in an asylum. A few years later he died insane." Inequality of the pupils is almost characteristic of the general paralysis of the insane. The inequality changes sides and varies from time to time, and may continue thus from a few weeks to three years before the final outbreak of insanity. That condition of the pupil, the eye being otherwise normal, where the light reaction is lost, but the power of accommodation retained indicates degeneration of the medulla and upper part of the spinal cord. This condition is well marked in locomotor ataxia when it involves the cilio-spinal axis. In retro-bulbar neuritis, when the optic nerve is completely involved there will be iridoplegia and loss of the power of accommodation at the same time.

The pupils are effected by those brain lesions which cause irritation, and by those which produce palsy. A one sided, irritative lesion will excite pupillary disturbances in both eyes. If but one pupil is affected there is a lesion producing paralysis by pressure on the nerves controlling the iris and the lesion is on the same side as the affected pupil. In case of large tumors or profuse hemorrhage, the pressure might be transmitted, but, then there would be other symptoms to guide us. If the pupilis dilated and there is an injury on the same side, even if there is no hemiplegia, there is almost certainly a clot from rupture of the middle meningeal artery of that side. We must bear in mind the fact that the pupil may be abnormal in patients suffering from thoracic disease. Some writers claim that in pneumonia, the pupil on the diseased side is always larger than the other, and that after resolution is established, the reverse is true. My experience has been very limited, but such as it is, it has

not yet afforded a case that would support this view.

Berge examined 1,409 healthy persons, and found the patellar tendon reflex in all but twenty-two.

Blochi failed to find the reflex in five out of 694 school children.

Nelizæns after experimenting on 2,403 school children and failing in six examined these after the manner advised by Jendrassik, and the knee jerk was present in all of the 2,403.

Jendrassisk failed to find this reflex in one case out of one thousand examined, and that one was suffering from diabetes mellitus.

Dr. Genner caused 2,106 persons, all adults, of whom 275 were females, to be examined for the patellar tendon reflex. Many of these people were inmates of alms-houses and insane asylums. Of the whole number the reflex was absent in twenty-eight. Of these five had fully developed locomotor ataxia, and twelve were in the early stages of the same disease, so that the failure to find the reflex was accounted for in all but eleven cases out of 2,106.

Since this subject was assigned to me in May last by our committee on program, I have made tests for the knee jerk in two hundred male adults. After putting them in the proper position the tendon was struck a smart blow with the ulnar edge of the hand. If the reflex was present this ended the examination. In four cases the reflex could not be elicited in this way. I then made another trial on the naked legs, by striking the tendon in different directions and with varying degrees of force, the patient making voluntary muscular effort as advised by Jendrassisk, and having the attention diverted from the knee. In this way I found the reflex in all but one of the two hundred examined. All these persons were so far as I know free from nervous disease or abnormal condition of quadriceps extensor and its tendon. Several observers have failed to find the reflex as often as those quoted above, but even their statistics would place the knee jerk at the head of the reflexes, as aids in diagnosis.

Reflex manifestations deviate from the normal in one of two directions. First they may be diminished, varying in degree from slight impairment to total abolition. Second, they may be exaggerated. Produced by slight causes recurring too frequently or persisting to long. It is a very difficult matter to define the words normal and exaggerated, as applied to reflexes, because there is no standard. Race, temperament, education, social position, stature, all have a modifying influence. We must study the phenomena in a considerable number of healthy persons, and then assume that what we find in the average individual is the normal reflex manifestation, and that anything in excess of that is exaggerated. In this way we establish a standard for ourselves by which we can compare cases and reach trustworthy conclusions.

Reflex phenomena are abolished under the following pathological conditions, assuming that only the part of the reflex loop mentioned is involved.

First, paralysis from any cause, or section of the afferent nerve. Second, inability of the center to receive, transmute and transmit impressions. Third, paralysis, section or other interferance, with the conducting properties of efferent nerve. Fourth, paralysis of peripheral organ. These conditions can be brought about by drugs, poisons and disease.

Cocoaine inhibits the reflexes when the irritation is not intense. Profound anæsthesia abolishes the reflexes because the sensory nerves are, for the time, incapable of transmitting impressions. We make use of this fact when ever we administer chloroform. The conjunctiva is touched, and if there is no reflex closing of the orbicularis palpebrarum, we know the patient is nearly ready for the operation. The bromides are in daily use to diminish reflex irritability. In New England *Medical Monthly* for December, 1889, Dr. Hagerman reports a case of fracture of femur in a boy eleven years old. The muscular spasm was very violent and the pain intense. The new hypnotic sulphonal was ordered and by mistake the boy took seventy-five grains in about two hours. The reflex muscular spasm soon ceased and the boy slept for four days and then awoke without any evil effects from this enormous dose.

Woorara poison abolishes the reflexes by paralyzing the motor nerves, and lead produces the same effect by paralyzing the muscles.

The knee jerk is absent in the following disease. In locomotor ataxia especially when it begins at its most usual starting point, at about the level of the fourth lumbar vertebræ, then the reflex disappears very early in the disease.

In this connection we must not forget that there are a few well authenticated cases in which the diagnosis of ataxia was confirmed at the autopsy, and the patellar tendon reflex was never absent until a short time before death.

The knee jerk is abolished in diffuse myelitis affecting the posterior or central portion of the spinal cord.

In acute central myelitis involving the gray matter of the cord. In acute poliomyelitis, which causes destruction of the motor cells. In disease of the motor nerves, such as injuries, neuritis, tumors and as the result of diphtheritic poison, which inhibits the conducting power of both motor and sensory nerves. In pseudo-hypertrophic palsy when the muscle has undergone fatty change. In diabetus mellitus.

Reflex phenomena are increased under the following circumstances, the inhibiting influence of the cerebrum being active, and all parts of the nervous arc, except the one mentioned being normal. First, irritative lesion or conditions of afferent nerve. Second, a similar state of things in the center. Third, any condition increasing the irritability of the efferent nerve. Fourth, any cause increasing muscular irritability. When the inhibiting influence of the cerebrum is withdrawn exaggerated reflexes will be developed from slight causes, even when the reflex arc is otherwise normal.

Strychnia and opium cause exaggerated reflexes. Electricity may increase or diminish nerve irritability, depending on the kind of current and the mode of application. In some acute and chronic diseases, the knee jerk is exaggerated as we see in typhoid fever and in phthisis. The same is true in regard to the superficial reflexes in patients suffering from these diseases. In the early irritative stage of neuritis and myelitis, there is increased reflex, but after the disease is developed the reflex is lost. We find the knee jerk exaggerated in all those diseased conditions which prevent the inhibiting action of the cerebrum and in all those lesions which interfere with the conducting power of the spinal cord, such as hemiplegia, pressure from injuries, hemorrhage, tumor and transverse myelitis. Any lesion which excites the cord without destroying the motor ganglionic cells, will have exaggerated tendon reflex as a prominent symptom. Subacute myelitis comes under this head. In sclerosis of the lateral columns the knee jerk is so violent and is so easily excited that it is hard to believe that the patient is not re-inforcing the reflex by voluntary movement.

[Concluded.]

The Merits of Verratrum Veride in the Treatment of Eclampsia.

In discussing the merits of ver. vir. as a remedy in the treatment of eclampsia, I shall not stop to speculate and theorize on the causes of, and the pathological condition present, nor enumerate the symptomatology, for I feel assured that the youngest practitioner, although he may not have met with a case before, will find no difficulty in diagnosing and distinguishing the disease, though possibly he may mistake or miscall some more trivial convulsive condition—eclampsia. Yet, when he actually meets with a genuine case, he will not halt between two opinions as to what he has to contend with. But I shall simply give my experience in the use of the remedy, and the apparent results in a number of cases during the last twelve years.

I think the old and generally authorized treatment, consisting mainly in blood letting, the administration of narcotics, nerve stimulants and anæsthetics, has never been very satisfactory to the profession; at least it was not to me.

The fatality attending this disease has always been high, and even in the proportion of cases that did live through the terrible ordeal and survive, after having perhaps from

20 to 70 convulsions in an interval of time, lasting from eight (8) to twenty (20) hours.

I think the most self-sufficient practitioner, though he might claim, and in fact feel that he had saved the life of his patient would hardly have the temerity to claim that his treatment had been very abortive.

I first used the remedy in this disease in 1879, not because I expected any specific or positive effect from it in controlling convulsions, for at that time I had never seen nor heard of anything in print advocating its use here, nor until I had employed it in several cases afterward with a more confident expectation of benefit than could be derived from the use of any other remedy.

I first used it to meet the rational indication in controlling the heart's action, and thus relieving the circulation, and with the general understanding that when the lancet is indicated verratrum is then the best substitute we have for that means.

In the above named year I was called to attend Mrs. B——, a primipara. Saw her at 10 o'clock, p. m.. Found the patient was nervous and restless; os very slightly dilated. Gave a small dose of morphia. Pains subsided, and the first stage of labor was rather tediously completed. She was taken with a convulsion at this stage, between 3 and 4 o'clock, a. m. I asked assistance, and Dr. Perkins, our worthy president, promptly came to my aid. She was relieved of twins at about 4 o'clock, a. m.

The patient was immediately put under the influence of chloroform at the commencement of the convulsions, which was continued a good deal of the time for some hours. Gave bromide potassa very freely, in repeated doses; also chloral and morphia in as large doses as I thought justifiable. The convulsions were very frequent, with but short intervals. The patient becoming entirely comatose, face swollen and very much cyanosed. I gave a great deal of medicine, and in the best manner possible under the circumstances, till about the middle of the afternoon, when I first made use of Norwood's tincture of verrat. veride in the ordinary medicinal dose of 6 or 7 drops, with the hypodermic syringe, when I thought I could see that a greater impression had been made on the convulsions, and that the intervals were longer than at any time previously. She had had about 60 convulsions in twelve (12) hours time. In about half an hour I repeated the dose of verratrum, when I was convinced that the convulsions were subsiding, but was uncertain whether from the effects of the verratrum, or from the great amount of other medicine that had been administered.

The convulsions continuing, I gave a third small dose of the remedy as before, when they entirely ceased, and in due time the patient made a fair recovery.

The more I considered the effects of the remedy in the case cited, the more hopeful I became that in verratrum we had a remedy of great potency and value in the treatment of this heretofore uncontrollable disease. But as one swallow does not make a summer, neither can the apparent successful effects of a remedy in one or a number of cases establish its reputation, or remove it from the field of experimentation.

I decided in my own mind that if I had another case of the disease I would give it a further trial, by using it immediateiy at the commencement of the attack, and in very much larger doses. The opportunity presented itself in 1882, as follows:

Mrs. W——, first pregnancy; slight build and nervous temperament; had had premature pains for some days, and but very little restful sleep. I was called early in the evening; found the os slightly dilated, pains severe, labor progressed very tediously. The first stage of labor was completed in about six hours; pains continued, but progress of the head ceased; patient complained of great pain in the head; was very restless.

I became satisfied that we would have to complete the delivery with instruments. I sent the husband after assistance, and about 4 o'clock, a. m., he brought Dr. Wiley. Shortly after that hour she was taken with a very hard and long-continued convulsion. By the time she came out of the spasm we had a hypodermic syringe, charged with from 20 to 25 drops of Norwood's tincture of veriatrum, and immediately used it. It speedily brought the pulse down to about 50 per minute.

We immediately gave our attention to delivering her, but because of the great disproportion between the size of the head and the diameter of the strait, we found it imperatively necessary to perform "craniotomy." No more convulsions followed. Either Dr. Wiley or myself remained constantly with the patient during the day, and as we found the pulse to increase in frequency we administered a small dose of the remedy so as to keep it under 60 per minute. At the time of convulsions we administered chloroform anæsthetically perhaps about twenty minutes; we gave the patient nothing else during the day. The patient made a prompt and good recovery.

The next case was Mrs. R——. Was called about nine o'clock six miles in the country. Found Dr. Wiley in charge of the case. Was informed by the doctor that the patient had had a number of convulsions—I think about half a dozen. The doctor had already delivered her of one child, when a second was found presenting, which we promptly delivered with instruments. We administered the verratrum in about 15 drop doses hypodermically. No more convulsions followed at that time. Next, thinking we were masters of the situation, and that there was no further danger, we were recalled at 9 o'clock that evening, and found that when the effect of the medicine, which had been administered in the morning had passsd off, the convulsions returned, which we controlled in the same manner. The patient made a very fair recovery.

The case that I considered the most significant and satisfactory is the following:

Was called to Mrs. H—— in 1884. Found Dr. Wiley in charge and the patient in a convulsion. I think she had suffered 3 or 4 convulsions already. The doctor had given the verratrum hypodermically, (I do not remember how much) and was also giving the bromides internally, and using chloroform as an anæsthetic. The patient thought she was about at term, but she had no well marked labor pains and no dilation of the os. The convulsions ceased and she remained comfortable. Watched her closely for 36 or 40 hours when labor pains came on, and the doctor informed me that the labor was comparatively speedy for a primipara. She was delivered of a perfectly healthy female child, which is living in the city to-day. The patient herself made a good recovery.

I have been informed of a fifth case, by Dr. Wiley: A Mrs. P——, 33 years of age, very muscular, first pregnancy, was taken in labor April 12, 1887. Delivery was accomplished, but the patient complained of the terrible headache that is always so significant. The doctor noted the peculiar twitching of the eyes, when he immediately proceeded to charge his syringe with 15 drops of Norwood's tincture verratrum. The patient meanwhile going into a very strong convulsion. The doctor administered the remedy as soon as it subsided; No more convulsions followed, and the patient recovered.

Now, gentlemen, I have given you a plain and truthful statement of facts in the cases cited, and they comprehend all the cases I have had or have had knowledge of since the date of the cases first noted, and I will here add that the satisfaction in the results of the treatment in these cases to myself, in contrast to the former and generally authorized treatment in more than double the number of cases which I have had before the date given is simply immense.

My conclusions in regard to getting the best effects of the remedy in controlling the disease.—I have an abiding faith that from 20 to 30 drops of Norwood's tincture of verratrum veride thrown under the skin immediately after the first, or possibly the second convulsion, will immediately control any further trouble of the kind. After there has been a greater number of convulsions, and the patient has become partly or wholly comatosed, the effects of the remedy will have to be continued for some time by repeated small and medicinal doses as the pulse may indicate.

I would make at first a full and decided impression with the remedy, as shown by bringing the pulse down to about 50 per minute for perhaps 12 or 15 hours, and should then consider the patient safe. Now, whether verratum really possesses any specific action here, other than a sedative, and its well known effects in controlling the heart's action, I do not positively know. Other sedatives, having somewhat similar effects will do no good, and

as verratrum will not certainly control other convulsions, we can draw our own conclusions.

I consider verratrum a perfectly safe remedy, more so than aconite, and much more so in this disease than opiates or any of the narcotics.

The Recognition of Eye-Strain by the General Praeticioner.

BY EDWARD JACKSON, M. D.,
PROFESSOR OF DISEASBS OF THE EYE IN THE PHILADELPHIA POLYCLINIC.

(Read June 25, 1890.)

The attempt to give relief from the symptoms of eye-strain by a careful trial, seriatim, of one's favorite sedative, tonic, and alternative prescriptions, followed by experimentation with the formulæ of great professors found floating on the surface of medical journalism, does not usually bring much comfort to the patient or credit to the doctor. And that it is so frequently persisted in until the patient deserts his so-called medical advisor, and of his own notion takes his chances with the specialist or the charlatan, seems to argue an inability to recognize the connection of this group of symptoms with their cause. The worst evil of specialism is ignorance and indifference as to other departments of medicine; one of the most aggravated manifestations of this evil is the expressed indifference of so-called "general practitioners" toward the anomalies and diseases of the eye.

From time to time efforts have been made by ophthalmologists to secure a more general recognition of eye-strain on the part of the mass of the profession; but usually these efforts consisted in a recommendation of some special instrument or procedure of diagnosis, as the refraction ophthalmoscope, or the shadow-test, or a set of trial lenses, reduced in size and price to the supposed needs of the mass of the profession. If it were really necessary to apply such special means of diagnosis in order to recognize the presence of eye-strain, there would be little prospect of its early general recognition. But it is frequently recognized by the patient himself, and the ophthalmic surgeon finds in the general rational symptoms quite sufficient grounds for a provisional diagnosis; and if the mind is clear from preconceived hypotheses as to the causes of the symptoms, tending to divert attention from their real origin, there is no reason why anyone respectably qualified for general practice of medicine should not be able to make a provisional diagnosis with sufficient certainty to serve for the basis of further investigation and treatment, in the great majority of cases, without resort to any special method of examination whatever. Of course, ophthalmoscopic evidence of ametropia, when it can be obtained, is very valuable as confirming such a diagnosis; and I do not under-estimate the value of the ophthalmoscope to the general practitioner, for I cannot regard anyone who is unable to use the ophthalmoscope as properly qualified for general practice. But I do say that inability to measure refraction with the ophthalmoscope is no reason for failing to recognize eye-strain.

The patient suffering from eye-strain comes with a certain history and certain complaints, which carefully considered by the light of a very moderate knowledge of the subject, clearly indicate the cause of the trouble, in the great majority of cases. The symptoms in question may be considered separately.

Impairment of vision, either quite temporary, more prolonged, or quite permanent, A very characteristic form of temporary impairment of vision is that due to sudden relaxation of the accommodation. This occurs when the ciliary muscle has long been overtaxed, and especially in the latter hours of the day, when it is nearly tired out. The patient notices that the print or other near objects on which the attention is fixed suddenly becomes entirely blurred, compelling the cessation of the eye-work. After a moment, however, the power of again focussing the object returns, and work can be resumed. The patient is apt to close his eyes for an instant, and, perhaps, rub them, and on again opening finds the sight again restored. If the eye-work is continued, the failure of accommodation recurs, to again rapidly pass away; and keeping on with eye-

work, these periods of inability to see become more and more frequent, until, finally, they greatly interfere with the continuance of the work or quite prevent. This form of impairment affects only the vision for near work.

Another temporary impairment is that due to spasms of the accommodation; it affects distant vision only, and is noticed chiefly by those whose distant vision is otherwise pretty good. It comes on after prolonged straining of the eye, usually for near vision, and lasts until the eye has gotten well rested. It is a valuable danger signal, and should secure cessation from the work causing it until it has given place to normal relaxation. Permanent impairment of vision is brought about when eye-strain causes myopia or decided permanent damage of the choroid and retina.

Headache and aching of the eyes.—Eye-strain should be the first thought suggested by any complaint of headache, for in our day and civilization it is by far the most common cause of that symptom. It enters as a factor into the causation of nearly all headaches not due to pyrexia, toxemia, or diseases of the brain or its membranes. The simple existence of headache, therefore should suggest eye-strain; but frequently a careful inquiry as to the manner and time of occurrence of the attack, and the location of the severest pain, will be almost conclusive as to the origin of the trouble.

Often it comes on whenever the eyes are used, and is absent when they have had a proper period of rest. The occasions of most severe requirement in the direction of eye-work are the doing of anything requiring accurate near vision, taxing both the accommodations and the convergence; or traveling, shopping, attendance to public gatherings, which entail more use of the eyes than the patient is at the time conscious of, and often under unfavorable conditions.

Very often the chronological connection between the use of the eye and the occurrence of the ache, although perfectly certain and evident when at once it has been observed, has never been noted by the patient until his attention has been directly called to it. Even when the headache seems constant and quite uninfluenced by variations in the amount of eye-work, it may be due wholy to eye-strain.

In hyperopia in young people the accommodation is in excessive use so long as the eyes are open and the attention fixed on any visible object; and hyperopia is the most common cause of constant headache. The writer was formerly subject to a constant headache whenever confined to the house, and regarded it as caused by breathing vitiated air, until it was quite cured by the correction of his hyperopic astigmatism. Many persons have the same idea as to the causation of the headaches they always experience when attending the theatre or other places of public amusement, and which are really due to eye-strain. Others ascribe these headaches, and those experienced in traveling or shopping, to exhaustion. This is nearer the truth, only they commonly have in mind a condition of general exhaustion, whereas it is largely one of local exhaustion of the special nervous apparatus concerned in the act of seeing.

The *location of the aching* is of some significance. Generally it is frontal, often described as beginning in the eye, or just back of the eye, or through the temples. Frequently it extends to the occipital region, and may sometimes be felt principally or wholly in that region. Headache most severe in the vertex or confined to that region is probably not very common from any cause, but from eye-strain it is almost unknown. Often the headache is more severe on one side of the head than the other. Sometimes it is entirely confined to one side, but usually it is bilateral.

Those more or less regularly periodical headaches, known as nervous or sick headache, migraine, or, when confined to one side of the head, hemicrania, are in many cases set up by eye-strain and relieved by its removal. Attacks of this kind are frequently ushered in by certain interference with vision and subjective sensation of light, affecting a part or the whole of the visual field, and known as ophthalmic migraine. The visual disturbances are simply a part of the general "nerve-storm," and it is not certain that they especially indicate the origin of the attacks to have been eye-strain.

Congestion, irritability, or inflammation of the eyes and their appendages should always suggest the suspicion of eye-strain. A single

attack or manifestation of this kind has no especial significance, but repeated attacks of inflammation, or prolonged congestion or irritability, are exceedingly suggestive of a continuing cause; and the most common of these is the one now under discussion. No case of chronic inflammation of the margins of the lids, or of recurring conjunctivitis, repeated styes, has justice done to it until it has been carefully investigated for eye-strain. Persons at that period when they begin to feel the effects of loss of accommodation in presbyopia or absolute hyperopia, suffer from repeated attacks of conjunctivitis which they commonly ascribe to "taking cold in the eye," but which are cut short by use of the appropriate lenses, and which, if unchecked, would tend to establish a chronic catarrhal condition which is a chief discomfort in the lives of many elderly people.

Of course, these conditions of ocular congestion and inflammation will be recognized by the usual symptoms of redness, swelling, and itching, smarting or burning pain. They often require especial local treatment, and will quite often be temporarily cured by this alone; but if the underlying cause is not removed, they show a strong tendency to recur indefinitely, or until the accommodation is so far lost that the temptation to strain it is removed. It should be noted that usually headache and these local inflammatory conditions are not presented by the same case. They may coexist, but, more commonly, if one is decidedly present, the other is absent.

So far nothing has been mentioned for diagnosis of eye-strain but the facts ascertained by questioning the patient, and from simple inspection of the eye. If, now, the physician's office contains—what every general practitioner's office should contain—a card of test-letters for accurately ascertaining the distant vision and a card of fine print for ascertaining the near point of the eye, additional valuable evidence is easily obtainable. The trial of the distant vision will give indication of any considerable degree of myopia or astigmatism. But it must always be borne in mind that troublesome ametropia may be present without preventing perfect distant vision. The position of the near point, if farther from the patient's eye than his age would indicate, is pretty good evidence of strain of accommodation. Evidence of strain of the external muscles of the eye, hetorophoria, can be obtained by simply getting the patient to keep his eyes fixed on some object, near or distant, and covering one eye; then noting whether the covered eye deviates from its position of fixation, and especially whether it makes a quick movement to return to that position when it is uncovered.

Briefly to recapitulate, the common symptoms of eye-strain are:

Certain forms of impairment of vision.

Headache, which is to be studied with reference to the time of its occurrence and the parts of the head to which the aching is referred, with careful discrimination between the patient's facts and his theoretical explanation of them.

Chronic or repeatedly recurring congestion, or inflammation of the eye or its appendages.

And if to these symptoms are added the results of the simple tests of near and distant vision, and evidence of tendency of the eyes to deviate from their normal position when covered, a very good basis is furnished for the probable or provisional diagnosis of eye-strain, without recourse to any special apparatus or unusual diagnostic procedure. And in view of these facts there is no justification for the general practitioner who fails to recognize most of the numerous cases of eye-strain with which he is brought in contact.

DISCUSSION.

Dr. George M. Gould—Certainly, nothing Dr. Jackson has advanced in his excellent paper calls forth controversy or criticism; but I think a word may be added as to certain other symptoms not alluded to by him that may sometimes put the general practitioner on the track of an eye-strain reflex. When eye-strain is sufficiently severe to set up a reflex neurosis, sleepiness is a common symptom brought on by persistent reading or writing. The patient cannot understand why he grows so drowsy. A more important trouble is one I at first advanced somewhat doubtfully, but now I am growing perfectly convineed is a genuine result of ametropia. I allude to troubles of appetite and digestion. Few

patients with severe or long-continued eye-srain that do not complain of anorexia, fickle appetite, or some dyspeptic trouble. Mothers frequently call such girls "pickers." Explain the mechanism of this reflex as we may, I am sure it is a fact, and that a malnutrition often results that may end in anæmia and many different forms of nervous abnormality. I have had a large number of such patients regain long-lost appetite after putting on glasses, and regain ten to twenty pounds of flesh within a month or two. Nervousness and chronic movements, even genuine choreas, are traceable sometimes to the same causes. I had one patient who wore the right shoe out in a few weeks, and who had a habit of bursting out crying or into a rage at a trifle. She had been treated for chorea for years at one of our best hospitals. All symptoms have disappeared for two years upon correction of her hypermetropic astigmatism. I could cite several other cases.

I should like, also, to call attention to car-sickness in connection with eye-strain. I have had eight or nine cases of this kind, and by glasses all have been relieved of the car-sickness. One case was that of a gentleman who every journey had car-sickness. While he had the mydriatic in his eyes he went to Washington, and suffered no inconvenience whatever. Subsequently, after he had had glasses, he made a trip to St. Paul without any of the former trouble. In the last two days I have two cases—one that of a girl who could not ride a short distance in the street cars without vomiting. I found a decided degree of hypermetropic astigmatism. With the mydriatic in her eyes she rode home without her usual trouble.

A strange thing with reference to eye-strain is, that it often exists to an exceptional degree without showing any symptoms in the eye. The patient will often say that the eyes are perfectly good and have never caused any irritation. The reflexes seem to settle in some other place. This is an interesting pathological and physiological question.

With reference to testing the eyes by the general practitioner, it has struck me that a simple plan, which could be readily carried out, would be as follows: Have two test-cards, so that the patient will not learn and remember the letters. Let him first test distant vision with one of the test-cards; then let him instil homatropine. This will give perfect paralysis in three-quarters of an hour. Then retest with the other card. Then, if vision has decreased, there is eye-strain, due to astigmatism or hypermetropia. Another practical point is that, if the patient is suffering with headache, he will be relieved by the application of the mydriatic. It is as to the existence of hyperopia and astigmatism that we want to know. Myopia rarely produces eye-strain.

Dr. Mary E. Allen—I would ask if, in these cases, the condition of the recti muscles has not something to do with the symptoms. In my own case, I suffered eye-strain for a long time, and insufficiency of the recti muscles. I had one symptom which I have never seen described, and that is, a feeling as though a blow had been struck against the eye. My explanation of this is that, by a spasmodic contraction of the straight muscles, the elastic eye-ball becomes compressed and the soreness results from squeezing the globe.

The use of Powdered Jequirity in Certain Affections of the Eye.

Read in the Section of Ophthalmology at the Forty-first Annual Meeting of the American Medical Association, at Nashville, Tenn., May, 1890.

BY W. CHEATHAM, M. D.,
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[From the "Journal of the American Medical Association," June, 1890.

When the use of jequirity was first brought to the attention of the medical profession, it was like most good remedies, much abused. I think, though, that the pendulum has now swung too far the other way, since several articles on the subject of its dangers to the cornea, etc., have appeared. Consequently I think it has not yet taken its proper place as

a remedy for pannus, with or without trachoma, or papillary hypertrophy.

I have used jequirity in many of those conditions advised against by most men who have written on the subject. I do not use the infusion for several reasons, of which I will speak directly; but I use instead an impalpable powder prepared by Mr. J. A. Flexner, a pharmacist of Louisville, Ky. This powder I have had sent to all points of the compass, and have never received but the best results from its use.

Why should the powdered jequirity be better than the infusion? I believe that the powder can if placed in a dry place be kept indefinitely, whereas infusions, as we know, change rapidly. The action of the infusion cannot be confined; it will pass even into the tear duct and down into the nose, while the powder produces the false membrane only where you apply it. Indeed you can, by applying the powder carefully, confine its action to a spot as small as a pin head; and then the action of the powder is, I think, much more thorough than that of the infusion.

If jequirity does produce corneal ulceration (which I doubt, for how few cases of severe trachoma but that have ulcerative keratitis, cases in which jequirity has not been used,) the powder is less liable to do this than the infusion.

Some of these statements may appear a little strange, yet they are the result of much experience, and what I ask is that those who have not used the powder give it a trial before commenting upon them.

Again, I have used the powdered jequirity in one or two cases in which there was extensive muco-purulent secretion, with success.

The cases in which I have used this remedy, a few of which I will now report, are not picked ones. They are, moreover, cases in which all other treatment except inoculation of gonorrhœal secretion, or conjunctival circumcision, had been tried.

The fact is I know of no condition, in which there is pannus, unless it be a large slough of cornea, with or without prolapse of iris, in which I would hesitate to use the pulverized jequirity, providing the usual remedies had failed.

Mr. D., extensive opacities of cornea with pannus: V. R. $= \frac{2}{200}$, V. L. $= \frac{16}{200}$, time of treatment two and one-half months, results, V. R. $= \frac{16}{200}$, V. L. $= \frac{18}{200}$.

Chas. M., extensive opacities of cornea: V. R. $= \frac{2}{200}$, V. L. $= \frac{3}{200}$. Time of treatment two months, result, V. R. $= \frac{16}{200}$, V. L. $= \frac{16}{200}$.

Belle McG., V. = perception of light: After five applications, V. $= \frac{12}{200}$.

Sylvester D., V. R. = perception of light, V. L. $= \frac{2}{200}$. Five applications. V. R. $= \frac{20}{40}$, V. L. $= \frac{20}{40}$.

Thos. C., V. from $\frac{2}{200}$ to $\frac{20}{100}$ one eye, and $\frac{20}{200}$ the other.

Mrs. K., V. = perception of light. She writes now that she can see as well as she ever could.

I saw at the meeting of our State Medical Society last week a physician who had to be led to my office, and on whose lids I had used the powdered jequirity. He stated that vision was now perfect.

The reaction which follows the use of the powdered jequirity sets in from two to four hours after its application; the pain, as you know, is very great; for this I use nothing if it can possibly be stood; if not, hot carbolized water, or hot water with boric acid in it, soon allays it.

I have had people who were led into my office blind, come by themselves in four or five days after the use of the jequirity. I have so little fear of it that, in a certain neighborhood in my State where there is a great deal of trachoma with pannus, a patient from there who had been relieved by its use, took some of the powder home with him, and used it in the eyes of many of his poor neighbors, with none but the happiest results. Of course, pulverized jequirity is not a "cure-all," but there are many cases of so-called hopeless blindness from pannus in this country in which all other remedies have failed, which I believe can be given useful vision by the use of jequirity. Indeed, I believe many of these cases have not been relieved because the physician has read of the dangers of the infusion of jequirity and has not heard of the powder, which, as I have before stated, I believe is free from danger.

This fear is the only apology I have to offer

for reading a paper on this old and much written of subject, before this Section of the American Medical Association.

Painful Menstruation in Virgins.

BY DR. I. N. LOVE.

[Reprint from the May number of the "*Medical Mirror.*"]

Some workers in the field of diseases of women believe that the ills to which female flesh is heir, can properly be charged to the reproductive organs, but the majority of broad-gauge practical physicians know that the "better-half" of mankind are liable to all forms of lesion and suffering which may be charged to all the individual portion of the animal economy.

The *Golden Gems of Goodell*, recently enunciated, should be printed in large type and placed prominently before the eyes of every doctor in the sacred sanctum wherein he mostly pursues his studies. They are as follows, viz:

First, always bear in mind that "women have some organs outside of the pelvic."

Second, each neurotic case will usually have a tale of fret or grief, of cark and care, of wear and tear.

Third, scant or delayed, or suppressed menstruation is far more frequently the result of nerve exhaustion than of uterine disease.

Fourth, anteflexion is not *per se* a pathological condition. It is so when associated with sterility or painful menstruation, and only then does it need treatment.

Fifth, an irritable bladder is more often a nerve symptom than a uterine one.

Sixth, in a large number of cases of supposed or actual uterine disease which displays marked gastric disturbance, if the tongue be clean, the essential disease will be found to be neurotic, and must be treated as such.

Seventh, almost every supposed uterine case, characterized by excess of sensibility and by scantiness of will power, is essentially a neurosis.

Eighth, in the vast majority of cases in which a woman takes to bed and stays there indefinitely, from some supposed uterine lesion, she is bedridden from her brain and not from her womb.

Lastly, uterine symptoms are not always present in cases of uterine disease, nor when present, even urgent, do they necessarily come from uterine disease, for they may be merely nerve counterfeits of uterine disease.

These are the cases of painful or difficult menstruation particularly in virgins which seriously burden the conscientious physician. Many such have come under my observation, and I have always felt that every general therapeutic means should be exhausted before local measurement should be instituted; in fact in nearly all cases special treatment should be avoided with young girls.

For about six months I have treated numerous cases of such character with *Ponca Compound* in tablet form; actuated thereto by the suggestions thrown out by Dr. Deering J. Roberts, of Nashville, and Dr. W. T. Dixon, of Evansville, Ind. The Ponca Compound being presented to the profession by the Mellier Drug Co., of St. Louis, a name which has been synonymous with honesty, reliability and skill in pharmacy in St. Louis for almost half a century, I did not hesitate to use it. I find that each tablet contains Ex. Ponca, 3 grs.; Ext. Mitchella Repens, 1 gr.; Caulophyllin, ¼ gr.; Helonin, ⅛ gr.; Viburnin, ⅛ gr.

I usually administer one tablet every four hours, and so far am much gratified with the results. I feel that any remedy which will help us out in these cases should be welcomed.

Ponca Compound is sold in boxes containing 100 tablets each. Price: $1.00 per box. $8.00 per dozen boxes. Upon receipt of one dollar, a box, containing 100 tablets of Ponca Compound, will be sent by mail to the address of any physician.

MELLIER DRUG COMPANY,
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The phosphates of Iron, Soda, Lime and Potash, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in Nervous Exhaustion, General Debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals. (See page ii.)

"I have used Ponca Compound with excellent results in a case of Leucorrhœa."

ABRAM NEFF, M. D.,
Arrow Fork, Mo.

Intestinal Invagination.

Read before the State Medical Society at Salina, Kansas, May 14, 1890.

REPORT OF A CASE, WITH COMMENTS.

BY W. L. SCHENCK, M. D., OF OSAGE CITY, KS.

Morton K——, aged 21 months, well developed and in perfect health. At 7 p. m., 12-27, 1889, ate a hearty supper, and afterwards romped for half an hour with the family when he had a free, somewhat constipated, but healthy movement from the bowels. Soon after he complained of pain and got into his mother's lap, vomited very freely, and had another copious operation from his bowels, when he went to sleep and rested quietly until 11:30. He then awoke in pain, and had another copious evacuation, soft but consistent, and slightly tinged with blood.

Soon after he took a full drink of milk, which was immediately ejected, and followed by a passage of unmixed blood. He was then given a little peppermint water, and again fell asleep.

I saw him at one a. m., December 28; he had had another discharge of blood before my arrival. At half past one he became restless, assuming the knee-chest position, and had a third discharge of blood. The movements from the bowels were without more than normal tenesmus. The abdomen was flaccid and careful palpation caused no complaint. There was seemingly a little hardness in the right iliac fossa, but too obscure for certainty. The expression was anxious, the surface pale, and both pulsation and respiration greatly accelerated. Paroxysms of pain, manifested by restlessness, occurred about every thirty or forty minutes, though they were not sufficiently severe to cause any outcry. They were usually followed by a discharge of blood, mixed with a little mucus.

In attempting to give a large, warm enema, it was ejected as fast as injected, a peculiar condition of the bowel obtaining for some little time, the anus remaining open so that you could look into the rectum. There was no unnatural thirst, though the child took an occasional swallow of milk or water, which were retained by the stomach.

Putting warm anodyne fomentations over the bowels, and giving a dose of oil and turpentine as a diagnostic and hæmostatic, and directing small doses of turpentine and tinct. opii., I sought to diagnose the pathology of the case. The hemorrhage seemed the key to the situation—but what caused the hemorrhage?

Making a diagnosis by exclusion, it was easy to eliminate functional colic, acute peritonitis and strangulation from hernia. Health had been perfect, and there could be no disintegration of the circulation as in the various septic diseases. There was neither fissure nor hemorrhoids. All the causes of intestinal hemorrhage were easily excluded, excepting cutting foreign bodies lodged in the canal, as pieces of glass, pins, bones, etc., and invagination or intussusception. Recalling the prominent symptoms of this condition, it lacked too many to decide at this early period so grave a lesion, and yet I could make nothing else of it.

Dr. Whittaker, in Pepper's "System of Medicine" says: "The symptoms of intussusception generally come on suddenly, and indicate both intestinal obstruction and inflammation. Pain resembling violent colic and referred to the point of invagination. The pain is intense, paroxysmal, and after a time becomes continuous. At first pressure gives relief, but in a few hours tenderness, denoting peritonitis, appears. Vomiting soon follows, and with rare exceptions is persistent. Diarrhœa, with bloody mucoid stools, is rarely ever absent, and is characteristic. If the large intestine is involved the diarrhœa is accompanied with tenesmus. Above the obstruction gas and ingesta accumulate, and produce abdominal distension. Generally the tumor formed by the invagination can be felt through the abdominal walls. In acute cases the attack is sudden, the obstruction complete, and the symptoms those of internal strangulation of the bowel, often followed by collapse, which may destroy life in a few hours."

Dr. Flint says in his "Practice:" The prominent local symptoms which enter into the clinical history of innavigation are as fol-

lows: „Pain is more or less prominent, at first paroxysmal as in colic, after a time becoming constant, with frequent exacerbations. Tenderness at first may not be marked, but becomes developed, being neither limited to or developed at the point whence the pain emanates. Vomiting soon becomes a prominent and persistent system, with very few exceptions. The accumulation of ingesta and gas about the obstruction occasions more or less distension. Frequently the accumulation gives rise to a tumor appreciable by the naked eye and touch, and to dullness on percussion. After the contents of the intestinal canal below the obstruction have been evacuated there is persistent obstipation, save in very few exceptional cases. If the invaginated portion descend into the rectum tenesmus is felt, and the patient is led to make straining efforts. Under these circumstances bloody mucus is expelled as in dysentery."

Professor Gross, in his work on "Surgery," says: "In intussusception of the bowel, the access of the symptoms is generally sudden and without any assignable cause. The individual is seized with violent pain in the abdomen, attended with nausea and vomiting, without any tension, tenderness on appreciable tumor. The countenance is palid, and he feels weak and depressed. Obstinate constipation exists, and the case effectually resists all attempts at relief, both by mouth and the rectum. The suffering steadily progresses. The abdomen is tympanitic and exquisitely sensitive; the pulse small, hard and frequent; the eyes are sunk; the anxiety is intense, and the vomiting is stercoracious. Death occurs in from six to eight days, sometimes as early as in forty-eight hours."

Though strongly inclined to believe there was intussusception, many symptoms ordinarily present were wanting — obstipation, tenesmus, persistent vomiting, severe pain, tenderness, tympanites, tumor—we were in doubt. There was quite active hemorrhage, but not sufficient to account for the shock and exhaustion. From the childs habit of looking out for itself and eating whatever it found, it was a question whether some sharp substance had not entered the alimentary canal and produced solution of continuity, possibly perforation. Bringing the diagnosis down to one of these two conditions, we admitted our inability to decide which, and thought the knife alone could tell, and that only an operation would relieve the difficulty. To this proposition the family said, "we could'nt think of such a thing."

Directing a continuance of the treatment already mentioned, and leaving powders of calomel and bismuth, should vomiting recur, we saw the patient again at 11 a. m. No material change in symptoms had occurred.

While the paroxysms of restlessness were more frequent, the discharge of blood occurred only once in about two hours. There was no complaint and no vomiting. The patient would occasionally get out of bed unassisted, and take a small drink of milk with apparent relish. Expression of shock was more marked, while the action of both lungs and heart showed increased exhaustion. Death closed the scene at 2 p. m., eighteen hours from perfect health, and fifteen from any serious complaint.

Four hours after death, assisted by Dr. A. C. Brown, I examined the body. Rigor mortis marked, tympanites slight, thought I could detect tumor in right hypocondrium. Dr. Brown could not. Found the stomach healthy, and containing a little curd and fluid; the duodenum and jejunum healthy and empty; the ilium slightly inflated with gas and congested, the congestion increasing in intensity toward the cæcal extremity, about twelve inches of which had passed through the valve, coiled by the traction of the mesentery, dragging with it the cæcum vermiform appendage and two or three inches of the colon. The invaginated parts were deeply congested, the vermiform appendix looking like a string of coagula, the extent and intensity of the congestion leaving the impression that it could hardly have occurred during the short illness of the child. Below, as above the constriction, there was no injesta The invagination was so tortured and impacted that considerable force on the ilium, assisted by manipulations of the tumor were required to restore it. Nothing but an early operation could have saved the patient. An early operation would have been largely diagnostic and not permit-

ted by the parents, and hardly practicable in country practice.

As in such cases, any description that will aid in making an early diagnosis, and performing an early operation, which, with our present knowledge, affords the only certain means of relief, will be of advantage to the profession, we make some amendments to the usual description of symptoms. While the attack usually occurs in infancy, and in the ileo-cæcal region, it is sudden and without any assignable cause. All food taken several hours before will have passed into the colon, and free vomiting and purgation will thoroughly empty the stomach and lower bowels, when there will be little further emesis unless the stomach is refilled. Pain will not be marked when the shock is intense, though paroxysms of restlessness may occur at varying intervals. The discharge of pure blood, or blood mixed only with mucus, in the absence of previous history, is diagnostic. In hemorrhage from cutting substances in the bowel, there will not be the thorough emptying of all ingesta that occurs in acute intussusception, and the blood will be mixed with fœcal matter.

The single symptom of the sudden occurrence, in the midst of health of unmixed hemorrhage discharged paroxysmally per anum, preceded by the thorough emptying, without apparent cause, of the stomach and bowels, and associated with shock and exhaustion approaching collapse is sufficient diagnosis of acute invagination and demands prompt operative interference.

Three Cases of Idiopathic Phlebitis.

BY D. F. RODGERS, M. D.

The comparative infrequency of cases of phlebitis, and the different views held in regard to it, as to whether it is indeed an inflammation of the vein or an inflammation of the surrounding tissues, leads me to report three cases.

The first case was one of so-called adhesive phlebitis in the left leg of a patient who had been confined to his bed three weeks with remittent fever. The patient, previous to the above illness, had been hea thy, had no varices, nor any condition of the system that would lead you to think him a subject for phlebitis. He had not been greatly prostrated by his illness; had no obstinate constipation; no excessive diarrhœa, and his temperature had at no time been above 104°. About the advent of the phlebitis, however, his morning temperature had been subnormal. The phlebitis came on, and with so little pain, that almost the first thing noticable was an increased heaviness and stiffness of the limb. This the patient spoke of, and an examination revealed the true nature of the case. There was tenderness on pressure over the veins from the ankle upward; the limb had a pale, waxy appearance; was greatly swollen, but showed little or no tendency to pit on pressure; cool to the touch, and the veins could not be traced by any visual signs of inflammation; however, on pressing along their course you could feel a hard, cord-like substance, with a diameter of from one-half to one inch.

The fever having subsided at the onset of the phlebitis, there was but little rise of temperature that could be attributed to the phlebitis itself, as during its acute stage the temperature never rose above 100°. After being kept in bed with the limb elevated slightly for three weeks, and hot fomentations and a flannel roller applied as the convenience of the nurses dictated, he was slightly improved, no rise in temperature being present, and was allowed to go about on crutches, with the limb bandaged, for about two weeks, when he resumed work. Being a telegraph operator, he could work and keep the leg elevated most of the time.

After the disease assumed this chronic form he could get about well with the aid of a cane, and without evident detriment to the progress of the case to ultimate recovery, which came about in a period of six months, under tonic and alterative treatment. By recovery, is meant that the swelling subsided, and the limb regained its former usefulness.

Case 2. Young man, age about 25, personal history good, family history showing some tendency to scrofulous affections. Consulted me June 25, 1887, for a soreness of the throat, as he expressed it, but on examination the soreness seemed to be external, and not in the

throat; however, as the symptoms were not very clear, he was given a gargle, and ordered to report if not improved. In about three days he rode on horseback eight miles in the country, and just before reaching his destination had a severe chill, followed by fever.

Dr. A. D. Smith, of Wamego, kindly visited the patient for me the following day, and reported that the patient seemed to have symptoms of malarial fever, but was not satisfied to diagnose the case as such. The following day, when visited by me, the swelling in the neck had increased, and there was sufficient fluctuation to warrant making an incision, and a very little pus was found. The wound was washed out with an antiseptic solution, but no drainage provided for. On further examination there was found to be a slight swelling on the inner aspect of the leg at its lower third, with tenderness over the internal saphenous vein to a point corresponding with the lower third of the thigh. The swelling on the leg was incised but nothing but serum found. However the wound was dressed antiseptically; the patient ordered to keep the leg quiet and slightly elevated, and have hot fomentations applied. Mag. sulph. was ordered for the bowels, and he was given quiniæ sulph. in three grain doses, with ten drops of tincture of chloride of iron every four hours. Temperature at this time 103°.

He was seen again July 3. Symptoms about the same except that the leg was swollen more, and looked pale. Wound on the leg was dressed, but no pus present.

July 8, was seen again. Leg still swelling, not painful; no pus in the wound, and no evidence of a collection of pus at any point within the limb. The swelling in the neck had reappeared and was again incised, and two drachms of pus found. The wound was washed out and dressed antiseptically, drainage being provided for, this wound healed in a few days, and gave no further trouble during the illness. The temperature from this time until July 23, did not vary greatly, being in the afternoon generally 102°. At my visit on the 23d, a localized swelling was noticed on the outer side of the limb at the lower third of the thigh; this was freely incised, and about two ounces of pus discharged. The wound was washed out, and dressed antiseptically. Temperature at this time 103° On the 25th, when he was next seen, temperature was 101, wound discharging freely, was again washed out and dressed antiseptically.

On July 27, the patient was taken to Wamego, eight miles in a carriage, with no apparent detriment at the time, but in a few days the temperature rose to 103° in the morning, notwithstanding the wound had been thoroughly washed out daily. Realizing that there must be a collection of pus some place in the limb, an incision was made at the middle of the outer side of the thigh, but little pus was found, however, but drainage was instituted between the upper and lower openings, and the limb dressed antiseptically. The patients condition gradually improved from this time on, but he was not able to resume work until the middle of September.

Case 3. Railroad conductor; age about 42; large, strong man; 6 feet 4 inches tall and weighing over 300 pounds; personal and family history good. Had been a soldier in the war of the rebellion, and had been wounded through the instep; this wound, however, had given him no trouble since the war. When first seen, June 27, 1887, he complained of malaise, and all the indications seemed to point to the advent of a malarial attack; from the first, however, he complained of pain and tenderness over the internal saphenous vein at the upper third of the thigh; temperature 101°. In three days the pain and tenderness extended down the limb over the vein, and the limb was noticably swollen. The only explanation as to the possible cause of the trouble was, that a few days before the patient had felt a little pain above the ankle, apparently from his drawer strings being too tight. Not giving much credence to this as a cause, I have considered this idiopathic and not traumatic phlebitis.

The case was treated as the above, with the exception that in the beginning dialysed iron was given, and afterward the tincture of the chloride. After the disease was well pronounced, but before pus had formed, Dr. Hogeboom saw the case in consultation, and concurred in the diagnosis. Evidence of pus was first shown at the lower third of the leg,

inner side. An incision was made, and a slight quantity of pus, perhaps a half ounce found. This wound continued to discharge slightly for several days, but the temperature having gone up suddenly, a somewhat superficial incision was made in the calf of the leg without finding any pus. As there was no visual indication of pus deeper the wound was dressed antiseptically, and developments awaited. This was July 15. July 16, evening, temperature down a degree. July 17, morning, temperature 102°, or about the same as it had been during the past week.

Believing that there was pus somewhere that should be removed, but not positive as to the locality, I telegraphed the division surgeon, Dr. J. W. Perkins, and some hours after his arrival we aspirated through the incision made two days before into the calf, and at a depth of perhaps one and a half inches found pus. The incision was enlarged, a counter opening made on the opposite side of the leg, thorough drainage made, the wound washed out and dressed antiseptically. The patient improved, and on the morning of July 21 his temperature being 100°, he was removed to the hospital at Kansas City. The disease, however was not stayed, for in a few days through drainage had to be made above the knee, at the middle third of the thigh. After this the patient improved again, and seemed on the way to ultimate recovery, when, consequent to the rupture of a blood vessel, so I have been informed, he died suddenly of shock.

These two latter cases the writer does not consider typical cases of suppurative phlebitis, but rather cases of peri-venous-cellulitis, under which head he thinks most cases of suppurative phlebitis properly belong.

Hydrencephalocele — Congenital Tumors of the Brain.

Read before the Academy of Medicine and Surgery, Topeka, Kan., Sept., 2, 1890.

REPORT OF CASE WITH SPECIMEN.

BY D. R. PELTON, M. D., TOPEKA, KAN.

MR. PRESIDENT AND GENTLEMEN:—The subject of my paper for this occasion is in the line of congenital tumors of the brain. It is not because of any great amount of skill required to treat these cases that I present this subject, but because no satisfactory plan has been laid down, and no operation in a case like the one I report advised.

Drs. Gross and Erickson classify these tumors as meningocele and encephalocele.

The meningocele is small, and consists of protruding membranes of the brain through an opening in the cranial wall, and lying beneath the integument which forms its outer covering, and containing a small amount of meningeal fluid situated in the arachnoid sack.

Some authors question the existence of meningocele without the complications of a distended ventricle and brain tissue, making it what Dr. Treves recognizes as a third variety, viz., hydrencephalocele.

Encephalocele is also small, and consists of protruding brain substance, carrying with it its membranous coverings, receiving its outer layer from the integument or scalp.

Hydrencephalocele, according to Dr. Treves, of London, and Dr. Smith, of New York, consists of both of these morbid conditions, the distended ventricles being instrumental in forcing the brain substance through the opening. According to Dr. Treves, a narrow finger-like projection from the ventricle may unite it with the arachnoid sac, and the fluid of the arachnoid become continuous with that of the ventricle, and form the bulk of the tumor.

There seems to be a difference in opinion about any communication existing between the fourth ventricle and the sub-arachnoid space. Dr. Wilson, in his anatomy, claiming there is not, while Dr. Gray thinks there is.

Some think there is an opening only when caused by a rupture of the valve formed by the piaimater and lining of the ventricle which is very thin, situated at the floor of the fourth. At all events, when the ventricle is distended, as in hydrencephalocele, communication is complete, either by extension of a process of the ventricle, rupture of the floor, or by enlargement of the natural foramen of Majendie.

Of the three varieties of tumors above men-

tioned, hydrencephalocele is the largest, the most frequent, and of the gravest character. It often reaches the size of the fœtal head, as in the case I report. At the base of the tumor compartments may exist, and with multiple cysts connect by openings into the mother cell, all distended with cerebral fluid, at times having a small base and others a large attachment, generally situated about the region of the occiput, and involving either the fontanel or the foramen magnum.

ETIOLOGY.

The etiology of these tumors is no doubt a failure of the bones to develop from the center of ossification, and to close the neural canal by uniting them from either side on its posterior surface, leaving an opening through which the inner substance can protrude; also a hyper-secretion from the ventricles of the brain and arachnoid membrane.

After the division is made in the blastoderm of embryonic life into the three primitive layers, from which all organs and tissues are formed, it is believed that the epiblast develops to form the skin and its appendages, the epithelium of the mouth and nose, the brain cells, axis cylinder of nerves, &c., while the hypoblast forms the digestive tract, epithelium of lungs, and the cells of the secreting glands. These layers precede in development the bony frame and connective tissue, the blood vessels and reproductive organs which arise in development from the mesoblast. In closing together the lateral segments to form the neural canal, the epiblast unites first to form the skin, leaving the mesoblast to develop the bony tissues later, and to close the canal by ossification. This development of the intended spinal column is performed by a layer extending on either side from the walls posteriorly, and uniting to form the tube called the neural canal, which contains the spinal cord and brain.

In these deformities spoken of, and also in spina-bifida, it fails to unite, leaving a breach which is subsequently filled by the membranes, fluid, and brain substance pressing out under the integument. But if we would inquire more critically into the matter, we ask why does not nature complete the work she began? Why does human life, which is the contractor and builder of these structures, stop on the verge of these bony segments and refuse to take the nucleated cells of the mesoblast, and lay them one by one across this chasm. Nature is not diseased. Human life, the great immutable force that is moulding vital tissue is not impaired. It is the material which is impaired. The elements which were provided and delivered upon the ground for this purpose have become unfit to enter into the structure, and have lost their proper relation of continuity to other structures. The question naturally arises, how can this be done?

In three principal ways: By hereditary taint, by inflammation, and by maternal impressions; all may effect cell proliferation. That maternal impresssions have the power to arrest fœtal development is conceded by many authorities. The mental impression producing nerve-shock through the sympathetic ganglia may not only arrest development but may form an anomalous member as well. The nerves, (supposed to be the sympathetic) which are the conductors of vital force to and from the embryonic cells, must have some connection between the maternal and fœtal structures although they have not as yet been traced, and through this connection receive the maternal influence which causes this change in its development.

Thus structural changes taking place in the embrionic cells from one of the above causes, the operation of vital force has been obstructed. Nature thwarted in her work of construction by a lack of healthy material finishes her task as best she can, leaving the medical profession to name it a congenital deformity, abnormality, or a monstrosity.

PROGNOSIS.

What is the prognosis in these cases? It is inevitably bad. Encephalocele offers the best hope of success in treatment by compression. Meningocele, even when small, offers but little encouragement, according to our best authors. Injection of iodine may be tried, they say, after tapping the tumor with a trochar, in case it is about to rupture, but with little if any prospect of cure. One case is reported by Dr. Annandle, where he ligated a small one which was sloughing, and the patient afterwards recovered.

Dr. Gross, of Philadelphia, reports a case of a small meningocele, about the size of a hazel nut, which he ligated and removed. The patient died in two weeks of inflammation of the arachnoid. None really advocated excision or any surgical procedure, unless rupture of the sack was imminent; and one author went so far as to say no one would be so foolish as to operate by excision in these extreme cases.

Dr. Steven Smith, of New York, says the radical cure is by excision in meningocele, and advises a drain of catgut to be inserted, but gives no report of an operation as its results. This drainage I believe should be confined to a simple meningocele, and where no communication exists between the arachnoid sac and the ventricles, as death would follow from evacuating the fluid in the ventricles.

HISTORY.

It was with such encouragement as this that I was called to advise as to the disposal of a large hydrencephalocele.

I have the specimen here, which I offer for your examination.

The specimen is not as well preserved as I could wish, and yet it is in a fair condition. You will see it is evacuated of its fluid, which was of a light straw color. The shell is greatly contracted in all diameters, it being composed largely of the elastic tissues of the integument. When full it was one-half longer and much broader than at present. You will also find that it is lined with a projection of the duramater and arachnoid membrane. The cerebral substance was carefully kept within the cranium when ligated, or transfixed at the time of removal.

I saw the child about three days after its birth. I found it of good strength, weighing eight or ten pounds. The face and form of the child was normal, except a shortening of the neck and a slight tendency for the head to recede between the shoulders. The tumor was attached by a broad base, as the specimen shows fully the size of the occiput reaching from the occipital protuberance down to the axis. There was an absence of bony formation, as near as could be ascertained of an oblong shape, two inches long by one wide, involving the foramen magnum.

The spinal column seemed to unite with the cranium by thin plates of bone on either side. The hair of the scalp is grown down over the tumor for some distance, showing the region of its attachment. The walls are quite thick, and at the inferior margin of the base is quite a large daughter cyst, which is common in this class of tumors. Internally there are several small compartments, divided by membranous partitions from the main cyst, all united by openings. The thickened membranes of the brain can be readily seen, mostly free from the integumental coverings.

In consulting the parents I had no encouragement to give by way of cure. Dr. Gross, Ericksen, Ashhurst and others, considered a case like this hopeless. When I told them I would as soon trust excision as any other method of treatment, they gave their consent.

I operated upon the child at the age of about two weeks, and without using an anæsthetic, rather taking my chances in shock than by weakening the nerve force with chloroform, for there would necessarily be a great change in the intracranial pressure in evacuating the fluid and a danger of collapse.

I transfixed the tumor at the base, and before ligating it opened the tumor, as you will see on the most dependent portion; and as the fluid slowly drained away I tightened the ligatures, keeping a certain amount of pressure within the ventricles, lessening the liability of collapse by retaining within them the normal amount of fluid, remembering that the fourth ventricle, which was involved, was connected with all the other ventricles except the fifth, and according to Dr. Treves, a finger-like projection of the fourth ventricle had pushed out and become connected with the arachnoid sack, making a communication between the four ventricles and arachnoid cavity.

After tightening the ligatures and excising the tumor, I again encircled the stump with a stout silk cord as an extra precaution, as the fluid had a tendency to drip. After tieing the numerous bleading vessels, Monsel's solution of iron was applied to stop the oozing. It was then dressed with absorbent cotton and iodoform, and afterwards with carbolized oil.

The stump suppurated, and wound healed

slowly. The child grew, and apparently was doing well. There was no tendency of the tumor to return. The child lived to be about six months' old and died of suffocation while nursing, as the mother reported to me, she laying upon it when she was asleep.

The deductions to be drawn from the case are these: That an infant may evade a shock in such an operation without an anæsthetic where an adult would readily succumb, for the reason of adults being sensible to the horrors of an operation, thus through the influence of the mind producing a fatal result. Also that it is necessary to prevent the drainage of the ventricles and arachnoid sack, which is done by transfixing and ligating before excision, as excision first, and then suturing the meninges, and secondly the integument, as Dr. Smith suggests, would likely result in evacuation of the cavities and death.

In case of tumors of the above class, although the success heretofore by surgical treatment has not been such as to make one enthusiastic for its application. I believe an operation is, nevertheless, not only justifiable, but is worthy of trial, and that in such cases we may have a reasonable hope of success.

And I would further suggest that a natural intra-cranial pressure should be maintained by the retention of cerebral fluid during the entire operation, believing it will add to the prospect of cure.

Insatniy as a Symptom of "Bright's Disease."

ADDRESS IN MENTAL DISORDERS.

Extract from the Proceedings of the Medical Society of the State of Pennsylvania, June 10, 1890.

BY ALICE BENNETT, M. D., PH. D., OF NORRISTOWN, PA.

I have wished, if possible, to make this half hour, during which I have the honor to address you, of some interest, more especially to the general practitioners of medicine, who make up the great bulk of the Society. To that end I have determined to ask your attention, not to a review of the year's work in the department which I represent, a custom which has come to be "honored in the breach" quite as often as in the observance, but to a field where the labors of the specialist and of the general practitioner meet in close relation, and where the observations upon either hand have been few and incomplete. My subject is Insanity as a Symptom of the so-called Bright's Disease, or Diseases, a name which, unsatisfactory as it has become, we are yet not prepared to throw away.

The growth of our knowledge has hitherto been hindered by the too sharply drawn line which has divided the doctors who study the diseases of the body, on the one hand, from those who are studying the diseases of the mind, upon the other. The general practitioner has been too apt to stand aloof and gaze upon the spectacle of the "human mind diseased" as a something outside his ken, under the influence of forces new and strange—as "outstanding exceptions of humanity, unintelligible except on psychological hypotheses"—to which he supposes the alienist to possess some key all his own; while, on the other hand, the "insane doctors" have been so much absorbed in following and classifying the bewildering windings of the disordered mind that they have too often forgotten the body.

But I take it as a cheering sign, when, from the ranks of the alienists themselves, come words like these:*

"The psychological theory of insanity has prevented advance in the study of those forms of disease of which mental alienation is the most prominent, but by no means the sole, or even the most important, symptom. Blinded by this glamor of psychology, we have lost nearly a century of observation, and have frittered away the lives of hundreds of good men." Let me repeat here, also, the words of the member who last occupied this chair:† "If there be one thought in this connection which ought never to be forgetten it is, that the human mind diseased is the human mind still. The coming on of insanity marks not the appearance of a new entity or a new force.

* John Batiey Tuke, Nineteenth Century, June, 1889.

† Dr. H. C. Wood, 1888.

Our so-called mental diseases are simply groups of symptoms."

This is the fundamental thought which I want to emphasize. Insanity is a symptom, or group of symptoms; not always, not in the majority of cases, at least in its beginnings, a symptom of integral disease of the organ whose perverted action it is, but of faulty conditions external to it. Whatever the initial step leading to disordered brain action (I am speaking now of "ordinary insanity" in the sense used by Sankey, excluding that which is organic or developmental), the remote effects are similar; whether beginning as mania or melancholia, it ends sooner or later (*i. e.*, if the morbid process be not checked), in dementia, that is, the limited function of a more or less impaired brain tissue. To the general practitioner alone, in the great majority of cases, comes the opportunity to study insanity in its inception, and to investigate the perverted bodily functions which determine the nutritive changes leading to disordered brain action, when only preventive measures may often be attended with gratifying results.

When we consider the marvellously delicate structure of the brain, whose susceptibility to every impression is, in fact, its function, is it not self-evident that any defect in the nutritive processes upon which its integrity depends, any deterioration in the quality of the blood or in the manner of its supply, will be liable to influence its action? And this, by a majority of the writers on mental diseases, is conceded in theory, if denied in practice.

Schrœder von der Kolk says:* "Among the causative forces acting on the brain, the first place must be given to the blood." Blandford says:† "Could we comprehend the blood supply of the brain, beyond all manner of dispute, we should go far toward explaining most of the phenomena of brain function and of brain disorder." And again: "The life and functions of the highest cerebral centres are disordered by interruption in their natural nutrition; if there is a defect—an impoverished blood, or a blood poisoned by deleterious ingredients, the effects must be visible in the functions of the brain."

This is logic and common sense; it is also physiology, and it is difficult to follow this author when, in his chapter on pathology, he reviews the organs most concerned in a pure and equable blood supply, as follows: "Hearts are frequently morbid, but we are not to connect these with the outbreak of insanity." "In the pathology of commencing insanity the kidneys play a very unimportant part." "I believe the liver has little to do with the pathological condition of a patient who has recently become insane," etc.

Griesinger says: "Many cases that terminate fatally in the acute stage present pretty much the appearance of the normal brain; often enough to lead to the conclusion that the symptoms during life were due to some disturbance in the process of nutrition as yet unknown to science." Sankey* separates what he calls "ordinary insanity from paresis, epilepsy, organic and developmental insanity. Speaking of the etiology of "ordinary insanity," he says: "The disease consists in a morbid state of the blood, or of the processes concerned in nutrition."

His résumé of the morbid anatomy in insanity is at once so comprehensive and so concise, and bears so directly upon our subject, that I make no apology for quoting it: "During the earlier period of the disease (Sankey regards mania and melancholia as only differing manifestations of one morbid process), the symptoms are due to an alteration in the blood, in its quality and in its amount; there is some congestion with interstitial deposit of serum and of protein compounds; then atrophy of the brain substance and hypertrophy of the vessels. At first the symptoms are due to the circulation of impure blood; they next are due to excessive supply; then they evidence the imperfect function of an altered cerebral tissue."

Coulston says of melancholia: "It is a constitutional disorder of the brain developed out of hereditary tendency and excited into action by peripheral disease in some other part of the body." Accepting then the self-evident fact, which, morever, has the support of the high authorities named, that "ordinary insanity" in its first stage depends upon some

* The Pathology and Therapeutics of Mental Diseases.

† Insanity and its Treatment, Edinburgh, 1884.

* Lectures on Mental Disease, London, 1884.

defect in the quality, or the mode of supply, or both, of the blood, we can hope to get some light upon the causes of insanity only by studying the organs which have to do with blood production, purification and supply. In this vast field, where so many avenues of inquiry open, I shall attempt no more than to make some suggestions along one path in which my own clinical experience has happened to lead me.

It is understood, of course, that no organ, or system of organs, acts independently; that there can be no absolute separation of the study of one from the study of another—as, for example, the liver, kidneys and heart, often related links in one morbid process—nevertheless each has its definite function, interference with which is followed by equally definite consequences.

By "Bright's disease" we no longer understand a morbid process affecting the kidneys only, but whether we consent to accept the kidney lesion as a part of a general "arterio-capillary-fibrosis" (after Gull and Sutton), or with Dr. A. V. Meigs, look upon it as a localized expression of a general "endarteritis;" the fact is undisputed that at some stage in the train of morbid processes, covered by the monumental name "Bright's Disease," lesions of the kidney do exist; their function is interfered with; to a greater or less extent they fail to separate certain waste products from the blood, which being retained and circulated through the body produce toxic effects which we have been accustomed to group under the general term "uræmia," or "uræmic poisoning."

I must pass by, as not essential to my purpose, any consideration of the various theories concerning the nature of these nitrogenous waste products, and confine myself to some observations upon their effects, which my experience has led me to believe are more varied and far-reaching than has generally been supposed.

There has been a general impression abroad that diseases of the kidney are not common among the insane, founded upon statements to that effect in most of the text-books, and perpetuated by the very general absence of systematic and careful observations in this direction. Griesinger, in his work on Insanity, says: "Anomalies in the urinary secretion may be much more frequent," *i. e.*, among the insane, "than is generally supposed. Unfortunately any reliable researches upon this important subject are still wanting."

My attention was first arrested by the clinical observation of the very constant coincidence of some form of mental pain or distress, *i. e.*, melancholia, with the physical signs in the urine of disturbed kidney action; this is not invariable, but the rule. We have cases of undoubted mania associated with a uræmic condition, and, on the other hand, cases of melancholia without it; as for example, in some conditions of grave heart lesions with general debility, and some transitory cases associated with disturbed liver action with the uric-acid formation.

[A. Haig, in an article in the *London Practitioner*, vol. xli., No. 5, on "Mental Depression and the Excretion of Uric Acid," speaks of the demoralizing influence of uric acid upon the nerve centres and explains the well-known fact, that states of mental depression are intensified in the morning, by the increased alkalinity of the blood at that time, and consequent greater solubility of uric acid. We know that our melancholic patients are worse and that suicidal impulses are to be specially guarded against in the early morning.]

Briefly formulated, my experience has led me to believe:

1. That, contrary to generally received opinion, affections of the kidney are very common among the insane.

2. That "uræmic poisoning" is one of the most frequent causes of insanity.

3. That while the mental manifestations may be as varied as there are different centres subjected to irritation by these unknown poisons, the most prominent and constant symptom is some form of mental pain, which may range from simple depression, through all degrees and varieties of delusions of persecution, self-condemnation and apprehension, with or without hallucinations, up to a condition characterized by a frenzy of fear, with extraordinary motor excitement, and rapid physical prostration, the "grave-delirium" or "typho-mania" of some authors.

4. That the motor centers are specially liable to affection, as evidenced by the restlessness and incessant activity of many cases, less frequently by convlsions and convulsive twitchings; occasionally by choreic movemovements; occasionally by cataleptoidal states.

Undoubtedly there is much more of "Bright's Disease" in the community than appears on any record book, the interstitial form often running a very long course, frequently unrecognized. Persons subject to "bilious attacks" and "sick-headaches"; to obscure neuralgias; to crawling sensations (often described to me "like the flowing of water" over the part affected) in the head and especially in the back of the neck; people who are "tired all the time," who have sleepless nights, or occasional night terrors; who have unexplained attacks of sudden weakness, or periods of low spirits without cause; who show an unnatural irritability, or a gradual change of character or disposition; those who are subject to gout, rheumatism, chorea, skin eruptions, to itchings of the surface of the body, either local or general—all these may well be suspected of dangerous tendencies.

I need not say that numberless cases of slow kidney trouble live long and fairly comfortable lives without showing any mental disturbance, and that many others run a rapid course to death without such complication. We must assume, in some cases, a toxic impression of overwhelming power, but, doubtless, some brains are predisposed, by inheritance or otherwise, to an easy overthrow of the mental balance. This seemed plain in many of my cases. In such a one, given a chronic nephritis, or even without it, insanity may be induced by anything that increases the burden thrown upon the kidney, diminishes its working force, or interferes with other excretions. Such causes are: Improper diet, long-continued constipation, sudden exposure to cold, pregnancy, or any unusual interference with the circulation; overwork of body or mind, and especially worry; intercurrent disease, or anything that depresses the system and lessens its power of resistance. The influenza epidemic in the beginning of the present year sent us a number of cases of melancholia which belong in this category. (See Cases 56, 57 and 59.) A factor which cannot be left out of account in these cases, is the heart; whether a coincident or resultant change, we know that, with diseased kidneys, we are apt to have abnormal hearts, and it is an interesting question, to what degree mental disturbance may be aided by some modification in the supply of blood to the brain, due to normal heart action.*

Dr. Landon Garter Gray, of New York, read a very interesting and suggestive paper before the American Neurological Association, in 1889, on "Three Diagnostic Signs of Melancholia," with notes of sixteen cases illustrating the association of mental depression, insomnia, and post-cervical ache, which he has found so constant in his practice. Dr. Gray says: "The simple forms of melancholia are often extremely difficult to prognosticate, especially in the early stage, as the reasoning powers, the memory, and the perceptions are then often seemingly unimpaired or not more affected than is possible from a myriad unimportant causes. Patients suffering from this mental disease too frequently figure as neurasthenics to be confidently treated as such, until some determined and frightful suicidal, or homicido-suicidal, attempt throws startling light upon the true nature of the malady. There, too, are the cases of unaccountable suicide which puzzle friends, and competing newspaper reports account for so satisfactorily and sensationally upon some theory of rejected love or high-flown sentimentalism. Any certain diagnostic symptoms in this class of cases should be, for these reasons, of value. . . . So firmly have I come to rely upon the association of this symptomatic triad" [*i. e.*, mental depression, insomnia, and post-cervical ache], "that I have lately made a diagnosis in two cases by means of it. The first patient was a gentleman who came to me complaining of a distress in the back of the head and neck, which at times was painful. I learned from him that the onset dated back to six years ago, when,

* In the Address in ental Disorders, for 1884, the writer gave an analy is of 500 cases of insanity, 20 per cent. of which had some heart affection

as he said, he had been run down and depressed. I then told him that I would outline to him his symptoms at that time, and I proceeded to tell him that he had been very much depressed, had not been able to sleep, had thought of committing suicide, had been slightly confused in mind, and had remained in this condition for several months. He was amazed, and asked me if I was a mind reader, finally admitting that he had passed through just such an attack of melancholia, which he had concealed from everybody, because he was then living in Burmah in the employ of the English government, and was afraid that he would lose his position if thought insane."

I fully concur in all that Dr. Gray has so well said in this paper; but, in going a step farther and investigating the causes of insomnia and post-cervical ache, both among the most common symptoms of "uræmic" blood poisoning, we shall find additional aids to diagnosis and safeguards against catastrophes like those mentioned.

(Continued in November No.)

Treatment of Spermatorrhœa.

Read by title at the Missouri Valley Medical Association, Sept. 18, 1890.

BY EMORY LANPHEAR, M. D., OF KANSAS CITY, MO.

SURGEON TO EAST SIDE DISPENSARY—ORTHOPÆDIC SURGEON UNIVERSITY MEDICAL COLLEGE OF KANSAS CITY, ETC.

Cases of true spermatorrhœa must be very rare. As usually employed by authors the term spermatorrhœa covers only instances where the semen dribbles away insensibly from the urethra. I have never seen such a patient. Seminal emissions are exceedingly common, but constitute what is commonly known as spermatorrhœa, and nearly always demand treatment. Few physicians have learned how to treat these cases—nothing is taught at colleges, and little is to be found in text-books. Yet every village has its numerous sufferers who ought to be under treatment. If not taken in charge by the family physician—if turned away with an indifference born of ignorance, or with a remark that "the subject is too nasty for discussion"—such cases pass on into impotency and its untold misery, or worse; fall into the hands of the advertising sharks. Of this Milton "On Gonorrhœa and Spermatorrhœa;" Wm. Wood & Co., N. Y., 1887, page 305, says: "That the disease is a mere phantom, the offspring of a morbid fancy, to be discouraged as much as may be, has done and is still continuing to do an amount of harm, which it is scarcely an exaggeration to speak of as incalculable; and the mischief is all the greater because this opinion is upheld by men who justly enjoy the confidence of the profession. But its ill effects are not restricted to the misery it inflicts upon the patient. Ingenuity could hardly devise a more efficient stimulus to charlatanism of the worst kind; for it is but natural and inevitable that a man who finds his case rejected or misunderstood by the physician he consults, will turn to those who so loudly proclaim their readiness and ability to help him." To remedy this, in some measure, is the object of this paper.

As a broad rule, it may be said that nocturnal emissions occurring more often than once in two weeks are debilitating; indicate a pathological condition, and demand treatment. And discharges of semen taking place during the day—a very uncommon occurrence—are always of serious import. In such cases the patient also complains that he cannot stand fatigue well, that he cannot concentrate the mind continuously or carry out a fixed train of thought, and there are present such profound trophic disturbances as to cause extreme wasting, the skin becoming of a leaden hue or yellow; the eyes encircled with blue rings, etc., as described by Trousseau.—Lectures on Clinical Medicine, 1870. Vol. iii., page 455. But such marked results are not common; they certainly never are met in the earlier stages of the affection.

Under ordinary circumstances, the patient consults the doctor, and gives a history rather

suggestive of "malaria," or "indigestion." He does not usually at once declare the nature of his trouble, and in some instances he does not know. Complaint is made of a general lassitude, sometimes amounting to inability to work, sometimes there is palpitation and breathlessness after any severe exertion. Pain in the back is often a disagreeable and obstinate symptom. Constipation is usually present, and it is uncommon to find a case in which dyspepsia is not present. The disturbances of digestion are accompanied by such perversions as pain after meals, tenderness of the epigastrium, a sensation of fullness and flatulence after meals; eructations, heartburn and stomach acidity. There may be bad memory, headache (especially occipital) neuralgias; sleeplessness, or disturbed sleep, and other nervous phenomena. Inquiry elicits the fact that there are seminal emissions, varying in frequency from one every ten or twelve days, to two or three each night. Examination of the genitals may show nothing; or the penis may be cold, and the testicles hyperæsthetic. If a sound be introduced, in most cases there will be found a hyperæsthesia of the deep urethra, and sometimes a stricture of large calibre near the meatus. Impotency has resulted in a considerable per centage of all cases coming under the notice of the physician. The cause of the trouble is almost invariably masturbation, or excessive venery, which amounts to the same thing.

As to prognosis, if the subject has already quit his pernicious habit, if impotency have not occurred, if there still be occasional erections. and if the patient awakens at the emissions, the probabilities of cure are good, though it may take many weeks of patient work to accomplish it.

The prognosis is always good if the bad condition be attended to early—in fact the disordered state very often spontaneously disappears before the age of twenty-five, under favorable circumstances. If the emissions have been very frequent for a period of two or three years, and the systemic effects are marked, the case may prove very troublesome. Often as great difficulty is experienced in effecting a cure as if the trouble had existed for a decade. When the patient has reached the age of thirty-five, and the emissions have continued for many years, and with frequence, and when there is marked dyspepsia and constitutional disturbance, the outlook is not good, though a favorable result may after a long time be secured in most cases.

Erichson (Science and Art of Surgery, 1872, vol iii., page 788) says: "Under any form of treatment these cases will be slow, and long-continued perseverance in the use of remedies, local and constitutional, is imperatively necessary."

If the disease has gone on until the paralytic form of impotency is reached (where both desire for intercourse and power of erection are abolished) the prognosis is gloomy, but by no means hopeless, if proper treatment be adopted. But suitable measures must be employed or the patient will continue to go on miserable, despondent, and sometimes they become melancholic, sexual perverts, or even sexual dements, though these results are extremely rare.

After a thorough confidence between patient and physician has been established—best secured by a careful examination, patient listening to minor details and other evidences that a genuine interest is taken in the case—the terms of treatment must be arranged.

There must, first of all, be a distinct understanding that nothing will be done unless the patient will continue under treatment for many months if necessary, and obey the doctor's orders to the letter. The payment of a good fee, as of $50 or $100 in advance, assists very greatly in gaining the faithful adherence of the patient and in hastening a favorable termination. Then the first prescription may be given. A request for something to check the discharges at once is usually made. There is nothing, to my knowledge, that will do this without harm. In long-continued, general and local treatment, is the only true relief. Complications must first be removed. For the dyspepsia, a mixture of pepsine, pulverized charcoal, glycerine and water, answers admirably; and if there be much nervousness bromide of sodium may be added with advantage. When there is nervousness, sleeplessness, irritability or despondency, with a coated tongue, constipation and turbid urine,

a light diet may be ordered for a few days, and a teaspoonful of compound tincture of gentian, with fifteen drops of dilute phosphoric acid given in water after each meal. The bowels must be kept loose by appropriate means—I prefer cascara cordial at bedtime, or a pill of aloes, nux vomica and belladonna.

After the complications have been attended to, direct curative measures are to be instituted. For one week five drops of the tincture of nux vomica may be given in half a glass of water before each meal, then a pill containing two grains of quinine and gr. $\frac{1}{20}$ of arnica may be substituted, particularly if the tongue is foul and moist, and there be a want of appetite and energy. These two prescriptions may then be alternated each week. Upon tincture of the sesquichloride of iron, however, we pin our faith so far as internal medication is concerned; the initial dose is twenty minims (measured in a minim glass—never dropped) ordered to be taken in water one hour after meals. This dose is increased to forty minims the second week, and to sixty minims the third week. Some patients require even larger doses than this, one hundred minims often causing no discomfort when continued for weeks. If coldness at the stomach, or an uncomfortable sensation arise after taking the iron, a tablespoonful of good whisky added to each dose will overcome the difficulty. The laxative pill at bedtime must be continued if the iron cause constipation.

This treatment must be kept up from eight to twelve weeks in all cases; in those particularly severe it must be continued for many months.

Associated with it local measures must be employed if indicated. When there is great tenderness of the deep urethra, or when there is a stricture of large calibre near the meatus, a steel sound must be used every other day for weeks. At first a small size should be passed—one that will produce little pain—and left but a minute. At the next sitting it is left a little longer; at the third still longer, and so on, until at last it remains about ten minutes. The size is also gradually increased until a No. 18, American scale is reached, the meatus being slit up if too small to admit it Phimosis and redundant prepuce always indicate circumcision.

In some cases it becomes necessary to apply nitrate of silver to the deep urethra to overcome the chronic inflammation. This may be accomplished with an Ultzmann's syringe and solutions of silver in increasing strengths (sometimes as much as $Ag\ NO_3$ ℈ss ad H_2O ℥i) or by means of a Lallemand's *porte-coustique* with the solid stick. Such applications should not be made more often than twice weekly sometimes only three or four are needed. They must be applied to the prostatic urethra, it being essential to reach the mouths of the ejaculatory ducts where the inflammatory trouble resides. If there be other points of great tenderness they must also be touched.

In conclusion, I beg to quote from an article by myself in the September, 1890, number of the *Kansas City Medical Index:*

"Galvanism is of much service if impotence has already resulted—in fact, in impotence it is second only to the sound. The Faradic current does much good when the mind of the patient is greatly disturbed. The negative electrode is to be placed over the lumbar vertebræ, the positive to the sound already in the urethra; the current is then turned on and slowly increased to the point of toleration. Five minutes suffices for each sèance. It may be used each time the sound is introduced during the first four weeks of treatment; and then discontinued.

"Certain general rules should be insisted upon. The patient must sleep upon a hard bed with light cover. He must eat a plain but nutritious diet—meat of great importance. A light supper only must be ordered. No liquors, save beer, should be allowed. Exercise to fatigue must daily be taken, but the patient should never become over-fatigued. Walking and athletics are the best forms of exercise. The subject must go into society and keep the mind pleasantly occupied. Above all, total sexual rest must be enforced unless the desire becomes unbearable.

"Sometimes there is atrophy of the prostate; rarely enlargement, except after forty. But prostatic gleet, or prostatorrhœa is quite

common when there has been an abnorm irritation of the genitals. One or two drops of thick mucus may be discharged while at stool or at the close of urination. This is not semen and of this the patient must be assured. The trouble yields to the general treatment.

"As for the popular idea that semen is discharged, finds its way back into the bladder and is then expelled with the urine—'gradual wasting' as it is called—I do not believe such a thing is possible. I certainly have never seen an instance.

"The discharge during the day of a considerable quantity of glairy, tenacious, milky fluid, while at stool, is of frequent occurrence in people suffering from nocturnal emissions. This is vesicular gleet. This is a catarrhal condition of the seminal vesicles brought on by venereal excesses, masturbation or gonorrhea. The mucus is pressed out by the act of defecation—a mere mechanical effect of constipation upon the irritable seminal vesicles. It is almost totally harmless. Sperma tozoa in a limited number may be found in the discharge, but it is not spermatorrhœa. The condition disappears under the line of treatment just outlined."

Tight Collars and Vision.

The influence of tight collars in impeding the circulation in the head by pressing on the jugular veins is well known to military surgeons with the troops in India; but the bad effects of such pressure in cooler climates has been demonstrated by the observations of Prof. Förster, of Breslau, who states that three hundred cases have come under his notice in which the eye sight has been affected by the disturbance of the circulation caused by wearing collars that were too small. A large number of these cases were probably subjects of myopia.—*Lancet.*

Pilocarpine in Glaucoma.

Drs. Saint-Germain and Valude recommend the following:

℞ Pilocarpine.....4½ grains.
Aquæ disillatæ.....2½ drachms.
M. ft. collyrium.

This collyrium is employed alone, or in alternation with a solution of eserine, in glaucomatous conditions of children, when eserine does not agree with the patient.—*L'Union Medicale.*

PIETY A LA HERODE.—A milkman in Bideford has suffered a prosecution for selling milk on Sunday. In connection with such senseless Pharisaical Sabbath observance as this movement favors, we plead for the babies, and recommend the reading of Luke vi. as well as Exodus xx, 8, and the revised statutes. Milk, and especially city milk, often becomes dangerous to infants in less than twenty-four hours, but what think you of the attempt to slaughter the bottle-fed ones by cutting off fresh supplies of milk for forty-eight hours. We are glad that the newspapers exonerate the public, and state that the pious plaintiff in this case is a rival milk peddler. The defendant should turn the tables by entering action against him for feeding his cows and pigs of a Sunday, if he does so, for the cows and pigs will not be endangered so much by Sabbath fasting as the babies.—*Sanitary Inspector.*

"In all cases of Neuralgic and Rheumatic pains accompanying the colds that predominate in this damp and malarial region, Tongaline seems to be a specific. I find it a safe, easy and efficient remedy.

C. W. PRINDLE, M. D.,
Grand Rapids, Michigan.

BOOK REVIEWS.

THE NEUROSES OF THE GENITO-URINARY SYSTEM IN THE MALE, WITH STERILITY AND IMPOTENCE. By Dr. R. Metzmann, Prof. of Genito-Urinary Diseases, University of Vienna. Translated by Gardner W. Allen, M. D., Surgeon in Genito-Urinary Department Boston University. Published by F. A. Davis, Philadelphia. Price $1.00.

I have just perused this small book. I find it to be a very interesting work on the subject. It is compact and comprehensive. I therefore recommend it to the student and general practitioner of medicine. I accept the nomenclature of Professor Metzmann very favorably, and commend it to the profession at large. WM. H. RIGHTER.

Kansas Medical Journal.

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TOPEKA, KANSAS, OCTOBER, 1890.

SUMMER DRINKS OF THE MOGULS.—A medical journal of India referring to the Moguls, who for luxury have no equal in Indian history, thinks their customs as regards summer drinks might be adopted with advantage by other people. Their drinks consist of milk, sweetened waters, or sherbets, prepared from subacid fruits, such as lemons, tamarinds, pomegranates, etc., flavored with rose or Keora essences, date juice, numerous vegetable tisanes, and some infusions of glutinous seeds flavored with sugar and essential oils. These were often cooled with ice collected in pits, where it was stored during the winter months. The Oriental races it is asserted, suffer from few of the diseases which are common to the copious meat-eating and wine-drinking Europeans. For a hot day, a light vegetable diet is recommended, with a spare quantity of meat food and an abundance of cooling, non-alcoholic drinks.

CONCERNING the treatment of fevers, we still see from month to month in the medical journals articles advising the use of the coal tar antipyretics as the chief reliance. We have just read an article on typhoid fever—a epiint sent far and wide to the profession, and the treatment advised was the use of antipyrin, &c., in doses sufficient to keep the fever down to what was considered a safe point. Such advice as this, coming from sources that are respected, make us weary. We wish to characterize such advice as it deserves and yet maintain our dignity; and when we call it "Poppycock," we do so because this word seems to us to express the worth of such advice. We believe that physicians, capable of studying the natural history of fever, and remembering physiological study, the knowledge of the pathological changes that take place, that directly contraindicate such *crippling* meddlesome medication, will not use means that have already sealed the fate of many unfortunate fever patients. When a physician prescribes medicine of so depressing a nature, he should remain with his patient, and watch and pray that no harm may be done. Do not allow yourselves to be beguiled by antipyretic folly.

S. G. S.

ITALY'S GOOD BEGINNING.—The organization of Italy under the new sanitary code is already bearing good frui', as shown by the following statement of the prevalence of the principal diseases for the years 1888 and 1889:

	1888.	1889.
Small-pox,	63,632 cases,	39,004 cases.
Measles,	220,953 "	130,961 "
Scarlet fever,	44,419 "	30,192 "
Diphtheria,	41,742 "	28,399 "
Typhoid fever,	59,526 "	54,865 "
Typhus fever,	2,831 "	2,206 "
Puerperal Fev.	9,019, "	7,480 "

IT is with pride that we notice the development of the silk industry in our State. The display at the State Fair was creditable and in every respect equal to the exhibit of States much older in this production. To Dr. L. A. Buck and his estimable wife, belongs the credit of the progress of this institution. The plant is located at Peabody, Kas. In conversation with the doctor, he told us that Kansas silk in New York markets brought $1.00 per pound more than any other silk in the market. We take off our hats to Kansas.

New Journals.

"THE JOURNAL OF BALNEOLOGY" was received last month, telling us about baths and bathing. It is brimful of timely suggestions, and we gladly exchange.

"THE DIXIE DOCTOR" comes to us this month in a smiling new dress. Suppose it is intended for a winter garb, as it fits so snug and tight.

"THE POST GRADUATE"—Journal of the N. Y. Post Graduate School—containing its ninth annual commencement, has been received.

"THE HEALTH MONITOR," published in Denver, Colorado, is replete with suggestions as to prevention, believing that prevention is worth more than a pound of cure. Health is always a welcome guest, but bad on the doctor.

Reprints Received.

"Enteralgia and Chronic Peritonitis." By A. Jacobi, M. D., New York.

"Manual Treatment in Gynecology." By H. J. Boldt, M. D., New York.

"Salpingo-oöphorectomy and its Results." By H. J. Boldt, M. D., New York.

"Erythroxylon Coca—Its Value as a Medicament." By Marc Laffont, M. D., Paris.

"The Animal Suture—Its place in Surgery." By Henry O. Marcy, M. D., of Boston.

"Treatment of Posterior Displacements of the Uterus." By. H. J. Boldt, M. D., New York.

"Uric Acid Diathesis in Affections of the Eye, Ear, Throat and Nose." By W. Cheatham, M. D.

"Functional Nervous Diseases of Reflex Origin." By Albert Rufus Baker, M. D., of Cleveland, Ohio.

"Stricture of the Rectum—Intestinal Obstruction—Inguinal Colotomy." By Charles B. Kelsey, M. D. New York.

"The Reconstruction of Deformed Noses by Grafting a Portion of the Finger." By James P. Parker, Kansas City, Mo.

"Senn's Hydrogen Gas Test." By A. H. Cordier, M. D., McPherson, Kansas. Read before Kansas State Medical Society.

"What is the Present Medico-legal Status of the Abdominal Surgeon?" By William Warren Potter, M. D., Buffalo, N. Y.

"Typhoid Fever." By V. W. Gayle, M. D., Kansas City, Mo., Late Physician to Harlem Asylum—Late Surgeon to Navassa Island, W. I.

"The Pathology and Treatment of Intra-Pelvic Inflammation." By M. B. Ward, M.D., Professor of Gynecology in the Kansas Medical College.

"New Methods of Performing Pylorectomy, with Remarks upon Intestinal Anastomotic Operations." By A. V. L. Brokaw, M. D., St. Louis. Illustrated.

"Treatment of the Insane as Related to Science and General Conditions of Humanity, Historically Considered." By Orpheus Everts, M. D., College Hill, Ohio.

"An Explanation of the Phenomena of Immunity and Contagion based upon the Action of Physical and Biological laws." By. J. W. McLaughlin, M. D., Austin, Texas.

"The Cause, Prevention and Treatment of the Summer Diarrhœas of Infants." By C. C. Green, M. D., Topeka, Kansas, Professor of Physiology in the Kansas Medical College.

"Crime—Its Physiology and Pathogen esis and what Medical Men can do for its Prevention." By R. E. McVey, M. D., Topeka, Kas., Clinical Professor of the Theory and Practice of Medicine in Kansas Medical College.

"The Treatment of Torticollis." By Chas. F. Stillman, M. Sc., M. D., Chicago; also by the same author, "A Practical Splint for Inflammatory Conditions of Joints." Both of the above well illustrated.

"Case of Corneal Transplantation from the Rabbit's to the Human Eye." By Wm. F. Smith, M. D., Chicago, Illinois; also, by the same author, "A Singular Case of Injury—Blindness from a Penetrating Wound of Cheek and Orbit."

"Local Treatment of Syphilitic Phenomena." By G. Frank Lydston, M. D., of Chicago; also, by the same author, "Remarks on

Hypertrophy and Atrophy of Tissue;" also, "A Lecture on Sexual Perversion, Satyriasis and Nymphomania;" also, "Apparent Cancerous Transformation of Syphiloma of the Tongue—Excision of the Tongue by the Galvano-Cautery."

"Syphilis of the Eye and its Appendages." By Leartus Connor, A. M., M. D., Detroit, Michigan; also, by the same author, "Total Deafness from Mumps;" also, "Hot Water in the Treatment of Diseases of the Eye;" also, "Tobacco Amblyopia;" also, "Acute Inflammation of the Middle Ear—Destruction and Reproduction of the Entire Membrana Tympani;" also, "American Medical Journal of the Future, as Indicated by the History of American Medical Journals of the Past."

COCAINE AND TOBACCO SMOKE.—A patient under treatment for chronic naso-pharyngeal catarrh sprayed each nostril with a four per cent. solution of hydrochlorate of cocaine and immediately afterwards went out driving with a friend who was smoking. Accidentally some of the smoke was inhaled and set up an intense irritation, copious secretion of mucus, abundant lachrymation, swelling of the mucous membranes and hoarseness, associated with severe pain in the naso-pharynx, as if the whole surface were raw. The pain was so great that it produced faintness and vomiting and was not allayed during the whole evening. The following morning all pain had disappeared, but a sub-acute coryza persisted. Cocainizing the nasal mucous membrane shrinks the tissues, allowing the external air free access to the air passages, hence it is customary to caution patients about exposing themselves to cold air too soon after treatment; but in this instance there supervened also the irritation of the tobacco smoke, which may possibly have formed some irritating chemical compound with the cocaine. Whatever the cause the moral is obvious and contact with an irritating vapor should be particularly avoided after using cocaine in this vicinity.

W. D. B.

THE latest definition of kleptomania—a taking form of insanity.

AN eminent critic pronounces Pelstois Kreutzer Sonata, the most foolish book ever printed. He says it has no plot, reads like a small man's nightmare, and is not even decently improper. The postmaster's expulsion of it from the mails, he considers, the reason of its extended sale. This is pleasing to our medical mind, for Pelstoi gives us collectively a bad name. There are such doctors as he denounces, but, thank fortune, they are but a small minority. We would recommend pepsin and light suppers to the Count's consideration.

BEWARE OF DOG CARTS.—In a certain city in this State which shall be nameless, three wives were either thrown from dog carts or stumbled and fell while getting out of one, resulting in the delivery of remarkably well developed babies in from six to eight months after the wedding day. A fourth lady married five years, attributes nervousness and congestion of the spine to the rocking motion of her husband's cart. Strange to relate many young married ladies still ride in carts and dealers report the trade as brisk, even with carts not free from horse motion. W.D.B.

THE following clipping appeared in "*The Times and Register*," of September 6:

HOW HOMŒOPATHY STRIKES THE BRITON. Mr. Brudenell Carter's violent letter, in a recent number of the *Lancet*, in reference to the action of the Ophthalmological society on a motion of his reflecting on the relations between a certain surgeon and a homœopathic practitioner, has not met with the support he, perhaps expected. On the contrary he is roundly "slated" by four different corrrspondents—among them that doughty champion of homœopathy, Dr. Dudgeon. We cannot go into the merits of the case, and will content ourselves with echoing the words of our contemporary, that "the day is probably not far remote when persecution, ostracism, or censure for difference of opinion in behalf, will be regarded as not only immoral but absurd. We believe that the best—and, indeed, the only—plan of getting rid of the objectionable features of the legendary homœopathist, would be to absorb and assimilate the sect.

LITTLE THINGS.

TALMAGE ON LIFE INSURANCE.—"It is meanly selfish for you to be so absorbed in the heaven to which you are going that you forget what is to become of your wife and children when you are dead."

BINIODIDE VS. BICHLORIDE OF MERCURY—Miquel, who gave such a reputation to bichloride of mercury as a disinfectant, now declares biniodide to be the better of the two. For surgical use he advises its solution of the strength of .004 per cent.

"IN public hygiene there is a new redemption of our country not less important than its political redemption," are the words of one of the truest of Italy's workers for her well being, Prof. Carlo Rouata, the editor of *La Salute Pubblica.*

DURING the epidemic of 1870 to 1873, 20,575 persons died of small-pox in the Netherlands. Since then, as a result of the thorough and continuous observance of their new vaccination laws the prevalence of the disease has steadily declined. Last year but a single death occurred from that cause.

PRUDENT PA.—"Doctor says many loathsome diseases are communicated by kissing."

Lovely daughter—"What kind of a doctor was he, pa?"

Pa—"A homœopath."

Daughter—"I thought so. We don't believe in that kind, you know."

THE profession in America has never received a higher compliment than that given by the distinguished president of the late Inter-national Congress—Prof. Virchow, when he said: "The American medical world today excells in surgery, midwifery and dentistry. What the Germans know about dentistry they learned from America." American oculists also shared his praise.

After this it will be more amusing than ever to see the medical snob assuming airs because he has seen Europe. Let us seek to deserve the compliment by better teaching and harder study.

THIS item is to remind or to inform outsiders that in the State of Maine the law makes it compulsory upon every city and town to keep a local board of health organized and ready at short notice to act for the protection of the public in case of emergency.—*San Inspector.*

A good suggestion for all States outside of Maine.

His wife for the heathen works early and late,
On her the Sorosis can count without fail,
And "hubby" works hard, but we're sorry to state,
His trousers keep up by the help of a nail.
Kenebec Journal.

IN company one day a man said, "I have no faith in vaccination; what good does it do? I know of a nice little child that was vaccinated, and would you believe, after two days it was dead."

"After two days?" they all exclaimed.

"Yes, it fell from a tree and broke its neck. What good, now, did vaccination do?"—*Swiss Journal.*

IN weak heart, when the usual supporting measures have failed, we have in strychnia the remedy that gives the most satisfactory results. Give hypodermically the dose for an adult, being the $\frac{1}{50}$ of a grain twice daily. Some patients will require a larger dose, and some will be relieved with even the $\frac{1}{100}$ of a grain. The use of strychnia allays the nausea, controls thirst. As a result the appetite returns and nutrition is promoted.

THE Atlanta Medical *Journal,* under the new management, refuses to place advertisements among the reading pages. The KANSAS MEDICAL JOURNAL is glad to see progress, and says amen, and hopes to see many other journals do likewise.

WESTERN POST OFFICE.—The *Popular Science News* is responsible for the statement that a new western post office has been named Malaria, probably because the mail service of the place is intermittent. We may add that when it grows to be large enough to have a money order office it may assume a remittent character.—*Coll. and Chem. Rec.*

If this should be the case it will doubtless be continued.

SURGEON-GENERAL JOHN MOORE has been placed on the retired list on account of age.

THE contented man is ever so much richer than the rich man is contented.

DR. WILLIAM BOYLE has been appointed Assistant Chief Surgeon, at Atchison, Kas., in the place of Dr. Holland deceased.

A TRAINED nurse in Bellevue Hospital gave a patient a drachm of pure carbolic acid by mistake. Death ensued in an hour.

DR. PELTON'S paper in this number of the JOURNAL will be read with interest. He deserves credit for his nerve, and is to be congratulated on his success.

MEN YOU HEAR OF.—Dr. Know, the German physician who discovered antipyrin, is said to have made more than a million dollars from the sales of the drug to sufferers from the grippe.

THE Academy of Medicine and Surgery meets the first Tuesday of each month. From one-half to two-thirds of the membership are always in attendance. Brethren visiting the city, so arrange your business as to visit us during society evenings. You will be amply repaid and we will feel honored.

THE Eastern Kansas District Medical Society will meet in Lincoln Post Hall, 118 East Sixth avenue, Topeka, October 14, 1890. The following papers have been promised: "The Water Supply of Leavenworth," by C. R. Carpenter, M. D. "Femoral Herniotomy," a case by L. Reynolds, M. D., Horton. "Tuberculosis of the Knee Joint," by George M. Gray, M. D., of Kansas City, Kas. "Report of a Case," by W. R. Van Tuyl, M. D, Fairmont.

WE are in receipt of the programs and invitations to attend the quarterly (fall) meeting of the Golden Belt District Medical Society, and the Republican Valley Medical Society, both convening Thursday, October 2. The Golden Belt at Abilene and Republican Valley at Concordia. The November JOURNAL will contain full reports of these meetings. The programmes are like the orchards of Kansas, filled with luscious things, and those who attend we are sure will fare sumptuously.

DRS. A. W. SELLARDS of Scranton, J. P. Stewart of Clay Centre, C. P. Marner of Morganville, W. F. George of Canton, E. R. Cheney of McPherson, T. H. Hall and wife of Alma, S. Murdock of Oneida, and H. M. Fagaines of Leoti, were among the JOURNAL callers during September. They were in attendance at the Kansas State Fair, and also to the encampment of the Sovereign Grand Lodge of the world which convened in the city September 17.

THURSDAY, September 6, 1890, we visited Greenleaf, Kas., to attend the meeting of the Central Branch Medical Association, but the busy time prevented a regular meeting so an informal meeting was held at Dr. Armstrong's office. There was present Drs. Andrews and Greene of Washington, Hardy, of Waterville, Gardner, Axtell and Armstrong, of Greenleaf, and Cullimore of Atchison, and Wall of Topeka. There being no paper to present, cases from practice were taken up and freely discussed by all present. We must express our kindest regards for the doctors of Greenleaf for the hospitable manner in which we were entertained. Dr. Cullimore and myself are under many obligations to Dr. Gardiner and lady for the splendid repast we were asked to do justice to at noon. Should he come to Topeka we will endeavor to reciprocate. Any one wishing to be well entertained should visit Greenleaf. G. A. W.

Kansas Medical College.

The first session of this college opened as per announcement, the evening of September 23, 1890. Chief Justice, A. H. Horton, delivered the introductory address, and Dr. Minney the address to the audience and students, the exercises being held in the Congregational church, corner 7th and Harrison streets.

The first lecture in the college building was delivered by Dr. W. L. Schenck, on "Preventive Medicine and Pathology." A respectable class in number is in attendance, and above the average, intellectually. Three were excluded on account of their lack of literary attainments. This seemingly is quite a loss, but it will be to the interest of the school in the end; for the physicians upon whom medical colleges depend for students, will patronize the school which requires an intellectual foundation as a prerequisite to the study of medicine.

American Climatological Association.

On the 2nd, 3rd and 4th inst,, we had the pleasure of meeting with this Association at Denver, Col. Valuable papers were read on various subjects within its scope, and quite a number upon the influence of climate on tuberculosis. While some of these, from particular "health resorts," ignored conditions not common to their localities, as warmth, altitude, etc., or claimed they were disadvantageous, and thus made their papers seem like special pleadings and unscientific, presenting all they had, by exagerating or eliminating the facts as they exist. The paper of Dr. H. B. Baker, secretary of the Michigan State Board of Health, was noticeable for its broad, unbiased, scientific discussion of the subject. The doctor conceded altitude an essential condition—altitude, that removes pressure from the capillaries of the periphery, swells their circulation and others relieves congestion and remora in internal organs, and gives the lungs opportunity for the free action required in its rarified atmosphere. He believed the importance of dryness generally admitted, while Bowditch had long ago shown that a cold, damp atmosphere tends to the generation of phthisis, a dry atmosphere is free from the essential elements that tend to the disease and stimulates to excretion and absorption through the pulmonary tissues. He believes as well that warmth and an equable climate, is an essential element in the treatment of pulmonary tuberculosis,and showed by admirable diagrams that the death rate was always and everywhere greatest during and immediately after cold seasons. Cold depresses, lowers vitality. In the consumptive it must be sustained and strengthened. Cold forbids out-door life and confines to the artificial atmosphere of the home, rarely so well ventilated that the patient does not breathe over and again a vitiated air. When the patient leaves his room for an airing the change is incompatible with invalidism. A worn and broken life, especially if through pulmonary tuberculosis, is incapable of resisting sudden and extreme changes; whilst altitude and dryness are essential to the successful climatic treatment of consumption, they are doubly advantageous when found in a climate free from extremes of heat and cold, that woes and stimulates to out door life, and necessary exercise. Hence we find that statistics of the gulf States, where there is both dampness and a low altitude, but warmth, show a death rate of a little less than 8 per 1,000, while in Colorado, Nebraska and Idaho, where there is altitude and dryness, but cold, it ranges a little above 8 per 1,000; whereas in New Mexico and Arizona, where there is altitude, dryness and warmth, it is diminished more than one-half. In California and Oregon, Maine, New Hampshire and Massachusetts, where there is more or less altitude, but cold, and dampness, it ranges from 15 to 25 per 1,000.

In studying climatic influences upon disease as in every scientific investigation, personal interest must never be permitted to bias judgment

> "If self the wavering balance shake—
> Its rarely right adjusted."

In recommending climate there must be an accurate adaptation of climatic influences and surroundings to diagnostic indications.

After the feast of reason came the flow of soul—an elegant banquet given by the city and country, accompanied with song and poetry and speeches and carried well into the small hours of the morning. Then came the courtesies of the U. P., the D. & R. G., and the Midland railroad companies, over roads that are a marvel of scientific engineering, to nearly every point of interest in that wonderful land of silver and gold, of canon and mountain, of park and glen, of mineral springs boiling hot and freezing cold and sparkling as champagne, of cities on plains 7,500 feet high and cities up thousands of feet walled in by mountains thousands of feet higher, that ever shield them from the cold blasts that beat against their summits.

To those who enjoyed these excursions, their grand scenery, agreeable companionship and generous courtesies, will long make the Denver meeting of the Climatological Association an oasis in the journey of life.

The physician displays his intelligence and a desire to do what is best and right for himself and patient, by giving his careful and

systematic attention to every new remedy or combination of remedies, which may be advanced, with any degree of honesty, for the relief of suffering humanity.

What signifies the name, which the ever ambitious manufacturer may have given it. Nine cases out of ten, the combination is one in common use by physicians for years past, but to which the manufacturer by his scientific ability has given a delightful taste, a beautiful color and a convenience of form and accuracy of dose, it did not before possess. Why then should we not give him due credit for the improvement he has made and let him call it by any name he may choose; what's in a name? To the manufacturing pharmacist belongs much of the credit, for our present advancement in medical science. To whom else can we give the credit for our sulphonal, our salol, antifebrin and antipyrin, without which at this day and age we would be sadly hampered. These men deserve our highest commendation for the help they have given us, rather than our censure for the apparent greed which they may possess. How many of us, after a fair experience, but are willing to attest the reliability of such firms as Park, Davis & Co., The Fairchilds, Robinson, John Wyeth and many others. We have no word of abuse for the manufacturer because he anticipates our desires and presents to our eager hand an instrument whose elegance of finish, ease of manipulation and keenness of edge are its own recommendation, and do we refuse to use it because he has endeavored to protect his own interest with a copywright? It is the good of the thing we want, no matter about the shuck. If the kernal is good let us have it. If it is all bad we soon find it out.

The American Medical Association may resolve and place its resolutions on record, but they will most certainly amount to nothing unless the profession see fit to observe them. We belive it no exageration to say that a majority of the members of that honorable body, yes a majority of those who were present at the last meeting and voted upon that resolution are using and prescribing proprietary medicines without stint. We will venture to say a very small per cent. of those gentlemen have yet discarded the use of antipyin, although we have an unpatented article, which is generally considered equally efficient. We predict that the medical profession will become more and more dependent upon the manufacturing pharmacist and as they by their continued experience and growing knowledge of chemical relations are enabled to give us more and more accurate combinations so will we become more and more skilled in their use, more scientific in our application of remedies to disease and more certain in our judgment of their effect. The local pharmacist of today is too frequently a mixture of quack doctor, nostrum vender and general purveyor to ever become the great dependence of the physician.

Resolutions on the Death of Dr. D. J. Holland.

At 10:30 o'clock Tuesday morning, September 16, 1890, the members of the staff of local surgeons of the Western Division of the Missouri Pacific Railway met at the office of Dr. Grant Cullimore in Atchison, Kas., the occasion being the death of their honored and beloved chief, Daniel J. Holland. Dr. A. P. Tenney, of Kansas City, Kas., was made chairman of the meeting and Dr. Grant Collimore secretary.

The following members of the staff were present:

A. P. Tenney, Kansas City, Kas., chairman of meeting.

Grant Cullimore, Atchison, Kas., secretary of meeting.

D. H. Fitzgerald, Wetmore, Kas.
W. W. Nye, Hiawatha, Kas.
L. A. Golden, Cedarville, Kas.

Committee on Resolutions.

W. H. Bogle, Atchison, Kas.
Chas. Ferguson, Atchison, Kas.
J. A. Lane, Leavenworth, Kas.
J. H. Woodull, Whiting, Kas.
J. E. Hawley, Burr Oak, Kas.
W. R. Priest, Concordia, Kas.
W. F. Sawhill, Concordia, Kas.
G. K. Thomas, Lenore, Kas.
F. Armstrong, Greenleaf, Kas.
J. A. Jeannotte, Clyde, Kas.
J. W. Heddens, St. Joseph, Missouri.
C. T. Burchard, Falls City, Nebraska.

S. F. Hall, Weeping Water, Nebraska.
N. R. Hobbs, Elmwood, Nebraska.
J. R. Haggard, Lincoln, Nebraska.
A. D. Root, Crete, Nebraska.
J. F. Bradshaw, Superior, Nebraska.

Arrangements were made by vote of the members present for attendance upon the funeral in a body. Committees to secure an appropriate floral tribute, the badges, and for securing carriages, were appointed by the chair; and a committee upon resolutions being named, the meeting adjourned to reassemble at Dr. Holland's office at one o'clock.

At one p. m. the committee on badges reported. Report adopted.

The committee on floral tribute reported a beautifully arranged broken wheel with the initials "Mo. Pac." and the words "Our Chief."

The committee on resolutions reported the following resolutions, which were adopted:

WHEREAS, It has pleased an Almighty God to remove from our midst in the full flush of useful, confident and aggressive manhood our beloved chief, Dr. D. J. Holland; therefore be it

Resolved, That in the premature death of our late assistant chief surgeon, the medical profession of the State has suffered the loss of a brilliant and successful practitioner; the railway company an accomplished and faithful surgeon; the city an honored and valued citizen; his family an affectionate husband and father; this division a painstaking and devoted executive, and its members an able counsellor, enthusiastic guide, an ardent, untiring and able friend.

Resolved, That in sharing the grief of the community and household, we do most earnestly extend our deepest sympathy to his bereaved wife and family, and reverently commend them to the care of Him who is alone able to support their burdens of grief, and whose gracious promises give surety of support to the widow and fatherless.

Resolved, That in token of our esteem we attend the funeral of the deceased in a body; that copies of these resolutions be transmitted to Mrs. Holland, the chief of the medical department of the Missouri Pacific railway, to the official organ of the National Association of Railway Surgeons, to the KANSAS MEDICAL JOURNAL, and to the local papers for publication.

D. H. FITZGERALD,
W. W. NYE,
L. A. GOLDEN,
Committee.

GRANT CULLIMORE, Secretary.

Patent and Proprietary Medicines.

There seems an impression among drug manufacturers that the average physician is a knave or a fool. "If 'tis true 'tis pity 'tis 'tis true." But it is not true, and the intelligent and honorable practitioner denounces the indignity. The code of ethics of the American medical association says: "It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or hand bills, inviting the attention of individuals afflicted with particular diseases—publicly offering advice to the poor gratis, or promising cures, &c. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

"*Equally* derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret nostrum, whether it be the composition or exclusive property of himself or of others. For if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies disgraceful ignorance or fraudulent avarice."

It is derogatory to patent or dispense an appliance or medicine, because if of real efficacy any concealment regarding it is *inconsistent with beneficence and professional liberality*," then will it not require a veritable Hudibras, who can

"Split a hair
Twixt south and southwest side."

to distinguish between the propriety of prescribing patent and proprietary medicines. There are few patent medicines whose constituents are not known Many of them were the prescriptions of intelligent physicians, well adapted to particular conditions, but falling into the hands of "fraudulent avarice," they became patent medicines and universal specifics, and transferred their shrewd advertisers into *Doctor* Pearce, and Price, and Smith, and Hall, &c. These advertise in the secular and religious? press *ad captandum vulgus*.

But what of those who fill the medical press, and often the non-professional journals as well with wonderful compounds, often pro-

prietary, with or without high-sounding names.

"English, cut on Greek and Latin,
Like fustian heretofore on satin;
That had an odd, promiscuous tone,
As they'd spoke three parts in one."

Who will burden their memories with their combinations, and who their glossaries with their eccentricities? Bromidas, sanitas, anstol, chloralamia, papirim, soapina, "contains the anodyne and soporific alkaloids codiea, narciea and morphia, excludes the poisonous convulsive alkaloids." Non-poisonous! When? "Glycozone—absolutely harmless, instantly annihilates germs, bacteria and microbes, removes the causes of disease, is specific for disorders of the stomach." This is not a nostrum. Eh?

Celerina—Indications—Loss of nerve power, (as usual with lawyers, preachers, &c.) impotence, spermatorrhœa, paralysis, opium habit, inebriety, dyspepsia, &c., &c."

Before the medical press professes superior knowledge and virtue, and inveighs against the bald advertisements of the newspapers, should it not clean its own stygean stables.

If these fixed combinations were all they profess, do they not tempt the profession to slovenliness and routineism; Every accurately diagnosed case requires its own combination of drugs. If not, give the nostrum, with its wide range of possibilities. But these are *nice* preparations, and *convenient*. Nothing is nice or convenient for the patient that is not best adapted to his case. They are a stigma upon the druggist, and in Kansas the law requires that he shall be a graduate in pharmacy, or have passed an examination before a pharmaceutical board, while nothing of the kind is required of the physician. Every man may prescribe, especially alcoholics if he will dignify his prescription, diagnosis and prognosis, with an oath. If the physician is capable of prescribing, the Kansas druggist is capable of making as nice preparations, and is as honest as the wholesale manufacturer of proprietary compounds. W. L. S.

Radam's Microbe Killer.

For some time past a medicine has been quite extensively used under the above title. It is sold in one gallon jugs, at three dollars per jug. Wonderful things are claimed for this medicine in the way of curing disease. It is claimed to be a specific for most diseases. Being a microbe killer, and most diseases being dependent on microbe, of course there will be little use for doctors after this. Medical colleges will have to close for want of patronage. No need of studying medicine any more, since Microbe Killer knocks the props from under every disease. Plain William Radam claims to have discovered the remedy. He says in the *North American Review* page 14,—advertisement—September number, 1890:

"Such an agent is not in the materia medica. If it were, there would be no room for doctors, &c." Sulphurous acid has long been in the materia medica. Dunglison in his *Medical Lexicon*, eighth edition, 1851, speaks as though he knew about this article. He says, "It is sometimes used in the gaseous, at others, in the liquid state. Sulphurous acid gas is used to disinfect clothes, confined air, letters coming from infected places, &c. It is also exhibited, with great success, in the form of fumigation, in certain chronic cutaneous affections, and of sciatic and rheumatic pains in general."

The liquid acid has been more or less used as a disinfectant microbe killer, for more than half a century.

Sulphite soda, hypo-sulphite soda, sulphite soda and articles made with sulphurous acid and soda, has long been used as one of the best remedies in diphtheria, scarlet fever, and kindred diseases. Radam's Microbe Killer is no more or less than liquid sulphurous acid, diluted in water. The propietor claims to have fourteen factories and labratories for the manufacture of his medicines, with headquarters for the world at 813 Fifth avenue, New York City. No wonder he is pushing its manufacture, He makes big money by making large sales, Each gallon jug, which is sold for three dollars will cost not to exceed fifty cents, medicine, jug, advertising and all. He had best "make hay while the sun shines," for another year or two will wind up most if not all, of this great pretenders factories. His customers one by one or hundreds by hundreds are falling off. They get at the best, only temporary relief, if any at all. So it has been with most of the much vaunted remedies and so it will continue to be.

N. B. McKay, M. D.,
America City, Kas., September 5, '90.

SOCIETY PROCEEDINGS.

Missouri Valley Medical Society.

The Missouri Valley Medical Society met in the Federal Court room in Council Bluffs, on Wednesday evening, September 17, 1890, with the President, Dr. Emmert, in the chair. The report of a rare and interesting case of "Aconite Poisoning" was read by Dr. G. C. Beals, of Lewis, Iowa.

Dr. J. M. Richmond of St. Joseph, Mo., reported a case, of "Laparotomy, with Hysterotomy, avoided by removing a large Submucous Fibroid per Vaginam."

Dr. F. G. Thompson, also of St. Joseph, reported "Progress in Abdominal Surgery."

At the close of the session, the visiting brethren were banquetted by the Council Bluffs Medical Society.

MORNING SESSION.

September 18, Dr. Lanphear, of Kansas City, read a paper on "Suprapubic Lithotomy."

Dr. Von Mansfelde, of Omaha, objected to the statement of the text book, "that the high operation should be done if the perineal operation is contra-indicated," and said that he had made rapid supra-pubic operation, by passing a sound into the distended bladder—the rectum also distended—and cutting down upon the point of the sound, which was made to present above the pubes. He advised immediate closure of the wound, by suturing the bladder and abdominal incision.

Dr. Jacob Geiger said the high operation was easiest made, least formidable and least dangerous; it should therefore be given the preference. The danger of hemorrhage was not imaginary but was real. He criticised the use of the drainage tube.

Dr. Garver said that he could readily understand that a diseased or ulcerated rectum could easily rupture under slight pressure whilst being distended.

Dr. Richmond does not want a better operation than the perineal one. He does not use a drainage tube; avoids hemorrhage by making a very small medio-lateral incision, through which he forces his fingers into the bladder stretching the tissues, and has thus removed a stone the size of a hen's egg.

Dr. Robinson reported the case which he saw in the service of the late Dr. Joseph Howe, where the stone could not be removed through the perineum, and which was removed by the high operation at the same sitting.

Dr. Jonas of Omaha prefers the median incision, he thereby gets better drainage than through the high incision.

Dr. Mansfelde inverts the patient after distending the bladder and rectum, thus the prevesical peritoneal fold reaches still higher as shown by the rising percussion note.

Dr. Lanphear closing said, hemorrhage and stretching were the chief dangers in the perineum.

The next was a report by Dr. Jonas of Omaha, on "Carcinoma of the Uterus." He urged an early diagnosis and suggested that in suspicious cases the cervix should be drawn down and examined by close inspection and touch; often the cancerous nodules can thus be detected. He divides uterine cancers into those involving the vaginal portion, the cervix and the body. The encephaloid being the most common, the colloid the rarest variety.

We should inspect every ulceration—all laceration should be closed. These cancerous ulcerations of the vaginal portion are at first very superficial and can be removed by the curette as should be the small nodules. The Germans permit nothing less than the removal of the uterus, which can be done in from six to ten minutes, per vaginam, the high operation is of greater danger.

The thermo-cautery gives too much radiant heat. The galvano-cautery is preferable, as used by Berne of New York.

Dr. Crummer advocates the use of the galvano-cautery in the removal of the cervix in cancer.

Dr. Mansfelde presented the case of a young man who had pleurisy in 1888. A diagnosis of phthisis was made in Omaha, in December, 1889. He came under the care of the speaker who changed the diagnosis to empyema, which had discharged through the bronchus. The trocar was introduced in four places without finding pus. At the fifth puncture with the trocar, thrust two inches into the chest, pus was found of the same character as had been discharged through the mouth. A tube

was inserted and covered with cotton to absorb the discharge.

Dr. Carter who had examined the case said that the case did not give a history of suppurative pleurisy. There was no pus in the pleural cavity at any time while under his care and he did not expectorate pus, except in small quantities. On physical examination there was bronchial breathing, and all the physical signs of phthisis, but none of empyema. The primary trouble was in the lung and not in the pleural cavity. The probability is that Dr. Mansfelde himself, had been mistaken and that he tapped not the pleural cavity but a cavity of the lung. He thought a physician should be sure of his own diagnosis before attempting to parade the mistakes of others before a society.

Dr. Knott of Sioux City, gave his reason for thinking the abscess to have been located in the lung.

Dr. Ross, of Sioux City, confirmed the opinion of Dr. Knott, and gave it as his opinion that the abscess was located in the lung and that the blood which is now found in the chest is the result of the repeated punctures, and thought that the case would yet terminate fatally from tuberculosis.

AETERNOON SESSION.

The election of officers resulted in Dr. Richmond being made president, Dr. Crummer, vice president, Dr. Thomas, of Council Bluffs, secretary and Dr. Lacy, treasurer.

In selecting a place for the next meeting for December 18, 1890, invitations were received from Dr. McClintock of Topeka, and Dr. Lanphear of Kansas City, asking the society to meet in their respective towns, with the result that Kansas City was chosen.

A paper on "Spermatorrhœa" by Dr. Lanphear, was read by title. Dr. Daniel Morton, of St. Joseph, read a short and very practical paper on "Meatotomy."

Dr. Geiger thinks that stretchers near the rectum are productive of spermatorrhœa, prostatorrhœa and cystitis more often than is made known to the profession.

Dr. Macrae said that the urethra should be disinfected before any operation on the urethra is done and as an internal, antiseptic salol is better than the other remedies.

Dr. Mary Strong read a paper on "Mental Influences on Disease."

Dr. Summers read a paper on the removal of the tubes and ovaries for epilepsy. Was the operation justifiable?

Dr. Milroy read a paper on "Rest and Pressure in the Treatment of Mastitis."

Dr. Macrea said it was better to disinfect the nipple and thereby prevent mastitis, than so much treatment for mastitis.

Dr. Emmert spoke of the use of arbor vitæ for the purpose of removing small tumors or warts, and mentioned its use in a tumor of the breast. The tumor disappeared in six weeks.

Adjourned to meet in Kansas City, December 18, 1890.

[We are indebted to Dr. J. C. McClintock for the above minutes.—ED.]

Topeka Academy of Medicine and Surgery.

The regular monthly meeting of the above society was held in Lincoln post hall Thursday evening, September 2, with the president, Dr. L. H. Munn, in the chair. The attendance larger than usual was as follows, Drs. Righter, McGuire, Alkire, Morgridge, Mitchell, McClintock, Green, Minney, O'Brien, Wall, R. E. McVey, Cazier, Bradley, Lindsay, Peers. Ward, Longshore, Donaldson, Lewis, Magee, Pelton, Uhls and Warner, Mrs. L. V. Baker and Messrs. McClintock and Gilbert. After applications for membership, three being proposed, Dr. D. R. Pelton read a paper on "hydroencephalocele" and exhibted the pathological specimen.

Dr. Mitchell complimented the paper, but thought, contrary to the paper, that encephalocele sometimes grew quite large.

Dr. Minney had seen one case where the child lived to be four years old and died shortly after an operation on the tumor. Asked if the child operated on by Dr. P., did not die of inanition instead of the accident of being smothered.

Several physicians present complimented the doctor on both the operation and the paper.

Dr. Pelton in closing said that *generally* encephalocele is small and is a protrusion of

the brain substance, these are the most favorable for treatment, even where it is necessary to clip off a portion of the brain substance. Meningeocele is a protrusion of the membrane of the brain. Hydrencephalocele is a combination of the two. Knew the child did not die of inanition. When he saw the child last it nursed and assimilated food. Did not attend to it after two months but knew it was well nourished.

Dr. S. G. Stewart who was to have read a paper on "Autumnal Fevers of Kansas," being absent, Dr. McGuire was asked to open a discussion on them. The doctor spoke of the different names by which they are known as, typhoid, typho-malarial, malarial, remittent, continued,&c. As it was simply his province to outline a discussion he gave the various phases of the fever prevalent in autumn as he had observed them, and asked if we were going into a true typhoid or are we having a kind of malarial fever with typhoid symptoms. He had seen one case lately with typical typhoid symptoms with a relapse and finally death. Another case with similar symptoms ending in recovery. Thinks in one case the cause was in the city, the other was taken sick in Kansas City. Both used hydrant water and had good surroundings. The case coming from Kansas City, was not the cause of the case here.

Dr. Mitchell thinks typhoid a specific fever entirely different from other fevers.

Dr. McClintock spoke of the various discussions engaged in, in regard to these fevers with no particular benefit, and thought the profession should spend more time in their investigation. Spoke of there being a distinct bacillus of typhoid, but not concurred in by all authorities.

Dr. Minney thinks that the two poisons, malaria and typhoid can exist in a patient at the same time. Thinks the malarial element will give an impress to typhoid so that the typhoid will have a periodicity.

Dr. R. E. McVey thinks there are two types of fever, one that effects the blood through the liver, the other is manifested through the glandular system, thinks there may be a poison of the blood in malarial fever. The typhoid germ has never been found outside of the human organism. Is it a cause then or a result?

Dr. Cazier, after speaking of the strict definition of the terms, said he believed the difference in malarial fever and typhoid is in degree and not in kind. It is claimed that any long continued fever will produce inflammation in Peyers glands. Malarial fever however is one that has its cause in inhaling the poison, whereas typhoid has its cause in some thing taken in the stomach; spoke of typical typhoid he had seen and typhoid coming on after an attack of malarial fever.

Dr. Peers thinks we have two distinct fevers but has seen some cases that were puzzling when it came to a differential diagnosis; thinks proper investigation will show even three distinct fevers. Spoke of a case where a diagnosis of malarial fever was made, and quinine given without favorable result, high fever continued, there were no symptoms of typhoid and no prominent sypmtoms of malarial fever.

Dr. Righter said, in Pennsylvania he had never known of malarial fever, always typhoid; thought the diagnosis of malarial and typhoid fevers could be made by the prodromic symptoms. A typhoid case may have malaria in his system.

Dr. Donaldson said in his early practice in Indiana, he had seen many cases of typhoid fever, but had seen but few typical typhoid cases in Kansas.

Dr. Munn does not think we have as much typhoid fever in Kansas, as is generally supposed. Spoke of a case taken with a chill, quinine had been given, stopped the quinine, gave supporting treatment, no change, then gave quinine, hydro chlorate hypodermically and succeeded in reducing the temperature.

Dr. Rodgers did not think we had many cases of typhoid fever in Kansas. Thought most cases were a of remittent class, and that there was no new element in them, but were about as described in Dr. Geo. B. Wood's practice of medicine, there are cases to-day that simulate typhoid, but there were the same kind of cases years ago. They are generally amenable to anti-periodic treatment, sulphate of quinia in four to six grain doses every three hours, combined with a mineral acid, and with

such other adjuvants as turpentine internally in ten drop doses three times a day, and enemas of water or turpentine and oils.

Dr. McGuire in closing said we had a few cases of typhoid fever. Does not believe in a typho-malarial fever, nor that a malarial fever will produce a typhoid.

Dr. J. C. McClintock reported a case of "Vesico-rectal Fistula," which was listened to with much interest, but the hour being late but little discussion of the paper elicited.

Papers for next meeting, "Treatment of neuralgias, with especial reference to their treatment with cocaine hypodermically," by R. E. McVey. "Treatment of Ulcers with reference to their treatment with the galvano-cautery," by R. S. Magee.

Society adjourned to meet Tuesday evening, October 7. D. F. RODGERS, M. D.,
Secretary.

I KNOW of no place in the duties of the general or even the special practitioner, where there is such a need and yet such a lack of the ordinary aseptic precautions, as in the treatment of diseases of the nose and throat. I believe and hope that the time is not far distant when the use of a brush in these localities will be altogether condemned.

Used promiscuously as it is, in simple catarrhal trouble and in throats where there may be syphilitic patches, diphtheritic pharyngitis or other communicable disease and with scarcely an attempt at cleaning, more than possibly to rinse in some clear water, is it all unlikely that it should become a source of infection. It is almost an impossibility to render a brush thoroughly aseptic, the points may be easily cleansed, but even after prolonged boiling, there is likely to be some filth adhering around the butt where it is attached to the handle. A cheap, safe and convenient substitute is a little absorbent cotton on an ordinary cotton carrier. The cotton is easily changed as soon as it becomes soiled, and in making applications to the pharynx there is no danger of the medicament dropping into the throat as is the case with the brush. For removing adherent mucus from the vault of the pharynx, there is nothing better than dry cotton, for the secretion adheres directly to it and is easily removed. A flexible metallic uterine sound, roughened slightly at the end, makes a very excellent cotton carrier. It has the requisite size and strength and being flexible can easily be bent at the required angle for reaching either the pharyngeal vault or the larynx and above all is easily kept clean. Another article in this part of the physician's armamentarium which needs some attenion is the atomizer. They should be carefully wiped and cleaned each time after using. One of the most useful and convenient instruments in this line, which I have ever used, i. e. the DeVilbiss spray tube, requires more than ordinary care to keep it in an aseptic condition. The spray point being somewhat complicated, should be frequently taken out and thoroughly cleansed and especially so if any oily substance has been used.

If the rubber bulb is used for making the spray it should be separated from the instrument when not in use, for if left attached the air within is likely to become very foul and will, in all probability be inhaled by the patient upon your next application. It is always a wise precaution to compress the bulb several times before introducing the spray into the patient's mouth, in order to drive out any foul air that may exist and any dirt that may have accumulated in the lumen of the tube. The bulb should also, frequently, be given a thorough cleaning with some antiseptic solution. W. E. MCVEY, M. D.

A ROBBER ROBBED.—A druggist one evening was standing behind his counter, when a man entered and asked for three francs ten centimes worth of quinine. Receiving the medicine he left the store in haste. This aroused the suspicion of the apothecary, who examined the money given him, and found that the francs were counterfeit and only ten centimes genuine. Calling a policeman he bid him chase the thief. After a time the officer returned, having failed to catch the sharper, and the druggist sighed in disgust; then suddenly smiled as he said, "After all the ten good centimes gives me a hundred per cent profit," whereat the officer muttered, "A robber robbed."—*Lancet and Clinic.*

MEDICAL MISCELLANY.

Cocaine in Gastric Affections.

BY WM. E. SHASTID, A. M., M. D., WICHITA.,

PROFESSOR OE ANATOMY AND CLINICAL SURGERY, WICHITA MEDICAL COLLEGE, SURGEON TO THE WICHITA HOSPITAL.

Occasionally there will be found cases in the practice of every physician, in which, the stomach is so affected with nausea, that it resists almost all remedies, exhibited for its relief.

There may be good reasons, in some of these, for not wishing to employ morphia hypodermically and after using local applications of mustard plaster, giving internally lime water, creosote, carbolic acid, bismuth, etc., and finding that not one of these relieves the obstinate condition, we cast about us for a more satisfactory remedy. In this exigency, nothing appears to be of more value, when the stomach can retain anything at all, than muriate of cocaine, in small, frequently repeated doses. Most cases are relieved by $\frac{1}{20}$ to $\frac{1}{50}$ grain tablets of cocaine adminstered every two hours. One fiftieth of a grain usually produces a soothing and quieting effect upon the nerve filaments which form a network in the mucous membrane of the stomach.

If food or medicine is to be given at any specified time, it is well to administer the cocaine from five to fifteen minutes beforehand, in order that its quieting effect may be fully realized, before the food or medicine comes in contact with the stomach's irritable walls.

A very pleasant and agreeable way to give this remedy, is in the form of the tablets as prepared by Messrs Parke, Davis & Co., and Mr. John Wyeth. They are quite accurate in dosage, pleasant to take and reliable as to the quality of the drug. Children take them as easily as adults and, I believe that if they are not immediately rejected and time can be had for their comfortable solution, we have at our command one of the best remedies in gastric troubles, whether the disease involves the stomach alone or exists as a complication or symptom of other diseases. I shall briefly enumerate several cases, in which this remedy has shown itself as possessing signal efficacy.

M. C., age 12 years, has been subject for several years, to attacks of severe vomiting, produced by "biliousness." These attacks seem to occur at an average of about six weeks apart. After having committed some indiscretion in eating, intense nausea would follow and a part of the contents of the gall bladder would finally find its way to the stomach and produce a much more nauseated condition of that viscus, than ever. These attacks would last for some four or five days at a time and the only remedy, which seemed of value for quieting the stomach was small doses of calomel, until cocaine was tried.

Cocaine, in tablets of $\frac{1}{50}$ grain, was given and acted in this case almost like magic and then by keeping the stomach quiet and the judicious employment of a diet of milk, these attacks were shortened to twenty-four hours and the vomiting entirely obviated.

L. L., age 18 years, had typhoid fever with a very severe gastritis as a complication. Could retain scarcely any thing in the stomach, even milk or water seemed to superinduce violent attacks of vomiting. He had suffered many years with dyspepsia of an aggravated type. In this case $\frac{1}{50}$ grain doses of cocaine were given ten to fifteen minutes before the time of administration of medicine or food and the drug acted so nicely, that it was then given continuously every two hours, not only for its local effect but for its stimulating effect on the nervous system. This remedy was the one which acted best and in this case was far superior to morphia, given subcutaneously.

M. M., age 1 year, had had summer complaint. At times during his sickness, has suffered from violent vomiting and retching. His mother informed me that she could certainly tell when the attacks were impending. I ordered $\frac{1}{50}$ grain muriate of cocaine, as usual, about the time she expected the "spells" to begin. In the first instance, after it was tried she succeeded in her attempt and the little fellow not only avioded his spells of vomiting but also seemed to be much improved in

strength. This treatment was continued and the troublesome symptom of vomiting thereafter did not put in an appearance. I think that in his case the cocaine, even had a beneficial effect upon the duration of the disease; limiting it somewhat by its stimulating properties and soothing effects, so that other medication could be employed with ease and certainty.

The above three cases will illustrate sufficiently, the way in which this remedy may be employed and what its effects are.

Of course in some cases, like other remedies, it fails in producing as good results as one would desire, but I think as far as my experience with it is concerned, it acts better than the majority of remedies given *per orem* for the relief of nausea and vomiting. I think with others, that it may be employed advantageously in the vomiting of pregnancy in many cases.

In recurring gastralgia, due to an irritable condition of the gastric nerves, it is a good remedy, providing the proper dosage is observed; larger doses than $\frac{1}{20}$ to $\frac{1}{50}$ grain being required. Nothing is better in carcinoma of the stomach than from $\frac{1}{6}$ to $\frac{1}{4}$ grain doses of cocaine given before food in order to prevent that viscus from expelling it.

In ulcer of the stomach it is also very good but my experience in this malady is limited. Continuing our application, we should expect to find many other stomach troubles, directly benefited by its use.

So that in summing up our knowledge of cocaine in this phase of its therapeutic activity, we should all be justified in keeping at hand a bottle of tablets and give them a fair and impartial trial in cases of gastric disorder.

Rupture of the Membranes.

THE ESCAPE OF THE AMNIOTIC FLUID TWENTY-EIGHT DAYS BEFORE DELIVERY.

In the *University Magazine* for September, 1890, F. Perry, M. D., of Block Island, R. I., reports two cases of premature escape of liquor amnii without immediate induction of labor. In one case the uterus remained quiescent seven days after the escape of the greater portion of the fluid contents. The following case occurred in my practice in 1883: Mrs. M., age 23, American; second pregnancy. I was called to see her March 3, at 7 a. m. Labor pains had been coming on since 2 a. m. Digital examination showed the os dilated about the size of a silver half dollar. Another examination was made in two hours. The os had dilated to about the size of a silver dollar. During the pain the bag of water presented at the os but the head presented at the superior strait (a vertex presentation.) About noon a large amount of fluid escaped. Upon examination the membranes were found with a rupture large enough to admit two fingers and the head pressing well against the lower uterine walls but when the pain ceased the head would recede and never was completely engaged. Fluid escaped with every pain and when on the chamber at those times the amount was excessive. It appeared to me that the amniotic fluid had all escaped, and I prognosed a dry labor. About 3 p. m. the pains ceased and the patient being comfortable I made some calls, directing them to send a message when the pain returned or some unpleasant symptoms came on. Not receiving word from them as directed, I supposed another physician had been called, and dismissed the case from my mind.

In twenty-eight days I was called again and delivered the woman of a healthy, well formed child.

The pains had not returned until the time mentioned, and they saw no reason why they should trouble me. The next day after my first visit the woman was up, and attended to her household duties as usual for the four weeks. There was a slight watery discharge from the vagina at times, supposed to be amniotic fluid, and the membranes on the first digital examination were found ruptured at the old site and felt ragged. After the placenta was delivered the site of rupture showed plainly at those points by the broken down shreddy edges of the membrane. She had a good getting up. I may be censured for leaving the patient in the condition described but I did not know what else to do. I went away to accumulate wisdom thinking I would be called in a few hours. Being disappointed in

this I concluded they had done right in calling in some one who did know and hence was doubly disappointed in being called the second time. You have been there brother!

Vesico-Rectal Fistula.

A case of this rare form of fistula came under my observation one year ago. The patient, Mr. H., age 32, had twelve years before been operated upon for stone in the bladder, which was removed through the perineum.

After the operation he found that as much of his urine passed per rectum as through the perineum, none was voided per urethram. This continued until the perineum healed which it did with the exception of a perineo-urethral fistula. Since which time almost all the urine has passed through the rectum.

After some months he returned to the surgeon who had operated upon him, for the treatment of his fistula. This treatment was by the use of caustics and was continued for quite a while but proved unsuccessful. The patient afterwards applied to many physicians none of whom gave him any hope of relief and he became a chronic invalid from the proctitis and tenesmus induced by the presence of urine in the rectum.

Last year he applied to me for treatment, I had him placed in Christ's hospital and dilated the sphincter. I also treated his proctitis with antiseptic and astringent irrigation. In the course of a week he was thought to be in a fit condition for operation which was performed under antiseptic precautions.

The patient etherized, a Sims' speculum inserted and a rubber balloon or pessary passed up into the rectum, and inflated. This gave a good view of the fistula which was about ¾ of an inch in length in a direction longitudinal with the rectum. The bladder was, of course, collapsed, it had not been distended for years, the trigone was consequently very narrow and the ureters found very close together, one on either side of the fistula. The edges of the fistula were denuded, extreme care was taken to not open either ureter. Fine silver wire sutures were used to bring the edges of the fistula into apposition. A catheter was then inserted, tied in and allowed to remain for two days, when it was removed. The patient was then instructed to pass his urine every two hours, day and night, which he did for several days, all of it passing through the urethra, or through the perineal fistula. No urine escaped at any time through the rectal fistula.

Union by first intention took place. The sutures were removed after the seventh day, and after another week the perineal fistula was treated by the galvano cautery. A platinum loop was passed into the fistula up to the point where it opens into the urethra and was heated to a cherry heat, and then withdrawn cauterizing the fistulous tract from one opening to the other.

This was repeated during the week following, when healthy granulations were formed which united and closed the fistula.

The patient was discharged, cured in less than a month from the time his treatment was begun and he has coutinued well until the present time, one full year.

This case was reported because of the rarity of vesico-rectal fistula. How it was produced is unknown. It is possible that the stone may have caused ulcerations which opened into the rectum at the time of the operation, or a portion of the vesico-rectal wall may have been crushed in the forceps, or possibly, a knife may have been thrust on through into the rectum. However produced it immediately followed the operation.

J. C. McCLINTOCK.

Creosote in Phthisis.

Now that creosote is gaining such favor in the treatment of phthisis it may not be ill timed to offer some suggestions as to the most available forms for administration. The dilute mixtures seem to be more satisfactory than the more concentrated forms. While it is more convenient and less unpleasant to the taste when prepared in the form of pill or capsule, our experience has been that in this form it is frequently very irritating to the stomach and more likely to be followed by disagreeable eructations. A combination which can be recommended, at once for its simplicity, convenience and efficacy, is made with glycer-

ine in the proportion of 8 to 16 drops of creosote to an ounce of glycerine. A teaspoonful of this may be taken in a half ounce of wine or brandy every four hours. It is not unpleasant to take and we have no reason to complain of its effect.

If for any reason the wine be objected to, it may be given in peppermint water. It may be very conveniently combined with syrup of the iodide of iron, which in many cases is a very useful adjuvant to the treatment.

A very nice preparation is,

R.	Creosoti (pure beachwood.)	ʒi.
	Syr. ferri. iodidi	ʒij.
	Glycerinæ	ʒij.
	Ol. Menth. Pip.	gtts. x.

A teaspoonful of this may be given in water 3 or 4 times a day. In all cases a pure beachwood creosote should be used. As to methods, we may fairly conclude, that of adminstration by the stomach will be more generally and systematically carried out than any other.

For those patients who have long spells of coughing, often followed by vomiting and where, there is much laryngeal irritation we have found an inhalation of creosote in vaseline to act charmingly. This may be very conveniently given with the DeVilbiss' spray tube. The tube cup should be three-fourths filled with a pure vaseline, free from acid, and from 4 to 6 drops of creosote added, then warm over a lamp till all is melted. Now by having the patient close the mouth over the spray point the oil is finely atomized and easily inhaled. For producing the spray, a condensed air apparatus is preferable, but a good rubber bulb will answer nicely. We have been much gratified with the results of this treatment finding after a few days, the cough greatly diminished in frequency and persistance with no nausea following, the expectoration free and easy and an absence of the offensive odor. By the improvement in the cough the excessive irritation of larynx is also diminished. Warm inhalation are much better than cold ones and we prefer the ung-vaselini to any of the fluid preparations, for the reason that cooling upon the surface of the membrane it adheres more closely than the lighter oil.

W. E. McVEY.

To the Editor of the Kansas Medical Journal.

DEAR SIR:—The Louisville School of Pharmacy for Women was established in 1884 for the purpose of assisting women who desire to obtain a technical education in Pharmacy and Chemistry. Its projectors pledged themselves to "Woman's Rights" only so far as the right to earn a livelihood by any and every occupation from which they are not precluded by their sex, and they sincerely believe that this is one of the occupations for which woman is eminently fitted.

We are desirous to bring this institution more prominently before the public, in order that a greater number of persons may take advantage of the facility offered, but have no funds at our command for advertising. Should you think favorably of our efforts, we should be under many obligations if you would publish in your paper the enclosed clipping from an editorial of the *Courier-Journal* of this date.

Very respectfully yours,

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LOUISVILLE, KY., Aug. 25, '90.

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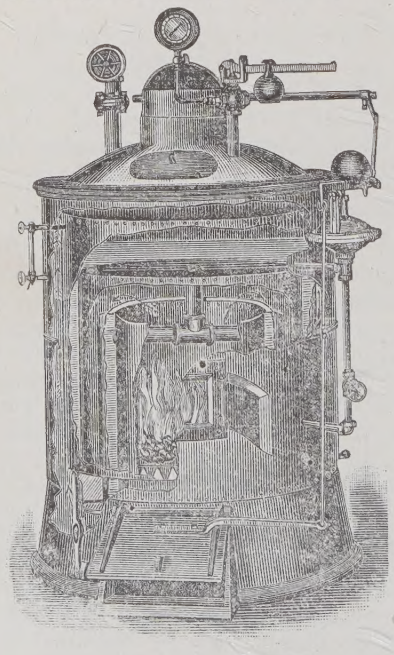

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